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ORIGINAL LECTURES.

ADDRESS TO THE GRADUATING CLASS OF BELLEVUE HOSPITAL MEDICAL COLLEGE.

Delivered March 15, 1882.

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I VAGUELY remember that once upon a time—a long while ago it seems, for I look back at it across the gulf of a great war, in which the days were like weeks, and the months almost counted for years—I spent one evening on a platform in a large hall, in the character of a new graduate in medicine. A part of the ceremonies on that auspicious occasion consisted of a valedictory address to the graduates, delivered by the most eloquent member of the faculty—an address which was highly praised, but of which I have vainly tried to remember either the ideas or the phraseology. Fearing that this specially localized loss of memory might be a symptom of a new nervous disease which I should have to name and describe, I have consulted several of my medical friends as to their experience in this respect, and I am much pleased to be able to say that I have found very few who have not totally forgotten the words of congratulation and of counsel given to them when they received their diplomas.

Nor is the reason of this far to seek. The new doctor, in the pride and vigor of youth, just stepping out of leading-strings, and realizing that he is really his own man at last—standing at the threshold of that wonderful, glittering world which beckons him on so enticingly, and in which fame, and love, and wealth await his coming—this learned and skilful physician is held back yet another hour, and compelled to listen to advice from one whom he does not know, but who can surely have nothing to tell him beyond some well-worn platitudes about the dignity and honor of the profession which he has chosen, and that if he will be virtuous he will be happy, or words to that effect. Small wonder then that, after a moment's attention, his thoughts wander, and he drifts away on that beautiful river of revery upon whose banks are Spanish castles unmatched by those of the Rhine or the Danube, and which are in strange contrast to the practical, prosaic, warehouse sort of a view which his orator is trying to present. If, therefore, I observe five minutes hence that some of my special audience here, the new graduates, are gazing reflectively upon some point of infinite distance, or are evidently magnetized by some particular wave in the sea of this other audience before me, I shall know that it is all quite as it should be, and that my remarks are fulfilling their purpose.

Being unable, as I have just explained, to remember what was said to me by way of valedictory, and never having been present at a similar ceremony from that day to this, I thought it would be prudent to consult the literature of the subject and find out what is usually said upon such occasions. For this purpose I have examined about a hunded valedictory addresses, and have obtained from them a vast amount of instruction, and some little amusement. From them I gather that this is an epoch in your lives, that you are entering a remarkable age of the world's history (it is customary here to allude to steam and electricity), that you live in the most wonderful country under the sun, and that the eyes of the world are upon you. All are agreed upon these points, and also as to the importance and dignity of the science and art of medicine, and the necessity of continued study on your part to keep pace with its advances. But the addresses are not equally harmonious on all points. Some of them assert that the condition of medical education in this country is not altogether satisfactory, that there are some medical colleges (not, of course, the college of the graduates, but some other medical college) which might be spared, that there are too many doctors now, and more coming, and that some of these not only have not as clear ideas about the precession of the equinoxes, or the authorship of the book of Job, as a member of one of the learned professions should have, but that there are even graduates in medicine (of other schools, of course), to whom the addition of vulgar fractions is a stumbling-block, and correct spelling vexation of spirit. On the other hand I find some who assert, first, that the above statements are unfounded; second, that it is not necessary to know how to spell correctly in order to cure the chills or set a broken leg; and third, that the demand for higher medical education is essentially a pernicious aristocratic movement, calculated to oppress the poor, and prevent them from obtaining the sheepskins so desirable to cover their nakedness. As, however, I am sure that all of you are just now strongly in favor of higher medical education, without regard to what you may have thought about it a few weeks ago, or what you may think of it a few years hence, when you get a little steam-hatching machine of your own, I feel that I shall most contribute to the harmony which this occasion demands by—entirely agreeing with you.

Upon the whole, I came to the conclusion that on this occasion it is safest to talk platitudes; in fact, I must do this if I am to advise you as a body. The inexorable laws of statistics tell me that among you are those having the most diverse capacities, purposes, and destinations. Two or three of you will go on with your studies for the next ten or fifteen years, observing, experimenting, reading, and comparing, until some fine day you will know something that other people don't know, and will become writers and teachers, leaders in your profession, famous in your day and generation. One or two of you may become popular physicians, for whom being called in consultation is an everyday matter, and a large income a matter of course. Many of you will become plain, solid, common-sense practitioners, who will do a vast amount of good, be indispensable to the comfort and safety of the community, and be happy because satisfied, which is more than I can predict of the others. A few will abandon medicine because it does not pay, and turn to some occupation of better promise. And one or two will slip farther and faster down the broad, smooth path of dissipation on which their feet have already taken the first step, and will pass on to the inevitable end.

Fortunately for all of us, nobody knows who are to be the black sheep and who are to win the prizes. Each of you must live out that which is in your brains and blood, the result of generations gone before; but, you have also to live out that which you yourselves add to the inheritance.

Now you are going out into Vanity Fair duly armed and equipped, and provided with maps and guide-books of the latest and most approved editions. Probably you will never again be so fully conscious of, or so thor-

oughly satisfied with, your knowledge of the science and art of medicine as you are to-night. What would I not give now to know as much as I thought I knew the day I received my diploma. And yet the seven world problems of Du Bois-Reymond are still unsolved.

I congratulate you on your prospects. Shall I tell you what some of them are? Our American life will present to you as much variety, as vivid contrasts, as subtle mysteries, and as many giants, demons, and sirens to be overcome or outwitted as any that the legends of old depict. No doubt you will soon come across some of that curious sect, the *antis*, who are beginning to make their appearance amongst us; anti-vaccinationists, antivivisectionists, anti-anything, so that it gives them an excuse to keep their names before the public. And when you are asked how you account for the voluminous statistics and startling facts which some of these antis produce so rapidly and easily, you may hesitate a little, unless you have heard the celebrated conundrum which I am about to give you. A little boy said, "That girl is the daughter of my father and my mother, but she is not my sister. How do you account for that?" And the answer is (this is strictly confidential), that the little boy lied. Taking them all in all, these antis are a curious class of cranks, worthy of careful study on the part of some of our experts in mental diseases, during the brief intervals in which they have no medico-legal case on hand. Some of them are quite honest in their convictions, and all are very theological and emotional in their appeals, and to this they owe what success they have in achieving notoriety; and yet, while professing the most humane sentiments, they are unscrupulous even to cruelty in carrying out their fantastic ideas. They will not greet your coming on the stage of action with any particular enthusiasm, but you must not be discouraged on that account.

You will find, also, that the manufacturing pharmacist is abroad in the land, and that he, on the other hand, will be very glad to make your acquaintance. He will not only supply you with toothsome preparations, neatly put up in artistic packages, but he will tell you what they are good for, in what doses to use them, and, most important of all, which of them are in accordance with the code of ethics. He will ornament your office with innumerable samples, and pleasantly interrupt and variegate the perusal of your medical journals by means of blue, green, and yellow advertising sheets, unexpectedly and neatly inserted. Under his friendly guidance the path of medicine becomes a flowery one, for all that you have to do is to decide upon the name of the disease of your patient, and then look over the advertisements and samples to see what will cure it.

Moreover, there are some canvassers, and publishers and editors, who are prepared to be your best friends if you will only permit it. They want you in the first place to subscribe, and then to write; to produce from the stores of your knowledge, items, and essays, and papers, to help them to raise the standard of American medical literature, until it shall be high above that of the effete despotisms of Europe. Nor are these the only persons who await your coming. You are wanted in Medical Societies, the advocates of higher medical education rely on your support, Boards of Health and Registrars are looking to you to make their statistics perfect and complete, and Army and Navy Medical Examining Boards are preparing fresh lists of questions for your benefit. But perhaps you flatter yourselves that you have now passed your final examination. Never was a greater mistake. Your most severe and continued ordeal is just about to begin. And it may be that the result will give rise in some of your minds to serious doubts as to the value of the Darwinian theory about the survival of the fittest. But at all events I can assure you that you need have no fear as to there not being room for you, or that the world has not work enough for you to do. You know the old saying, "There is always plenty of room on top." But even in the lower stories there is plenty of standing room. There are to-day between one and two millions of sick persons in the United States, and the deaths for this year will certainly be a million. You see, therefore, that the sanitarians, whom some of you may, unwisely, look upon as enemies, since they are trying to do away with some of the causes which necessitate your services, have, at all events, not yet seriously injured the business of the profession. And for your further encouragement I will predict that it will be a long time before they succeed in doing this, for whatever variations the changing seasons bring to our other harvests, the fool crop continues with almost unvarying regularity.

While I am on this subject, however, let me advise you from the business point of view, as well as on account of your interests as citizens and humanitarians, to look into this matter of preventive medicine a little more closely than you have yet probably had time to do. It is going to be a very important matter in your day and generation, and you will be examined and cross-questioned on it to an extent which you little suspect. Some of you will no doubt be called to act as members of Boards of Health, and all of you are sure to be appealed to on questions of ventilation, house drainage, school hygiene, pure water, adulterated food and drugs, and the means of shunning or putting away the pestilences, which will consume, not only the children of other people, but your own also, if you cannot answer the sphinx's riddle.

You will find that public health legislation is a matter to which you cannot remain indifferent, for you will become part of the machinery whether you wish to or not, and if you are wise you will study the subject so that you can aid in shaping this legislation to what it should be, for in this respect knowledge is power. If you leave the matter to sentimental enthusiasts and professional office-seekers, you will find that it will turn out like the Irishman's ale—it will thicken as it clears. One of the matters just alluded to touches your professional work very nearly, and that is the adulteration of drugs. If you practice in a large city, this is not of so much importance, since you can always readily find first-class pharmacists, upon whose preparations you can rely, but away from the great centres, the case is different. Unless you can depend upon getting what you call for in your prescription, what success can you hope for? and yet unless you know what apothecary is to fill that prescription, you cannot rely upon it. And it is always wise not to conclude that your treatment has failed until you have made sure that what you ordered has really been given.

And in this immediate connection, permit me to remind you why the hyrax has no tail. It is written in the mystic volume of St. Nicholas that when the world was about being completed, notice was issued to all the beasts that, if they would go to the Court of the King on a certain day, they would be handsomely finished off with tails. All were pleased with the prospect, but the hyrax was especially delighted. Now when the appointed day came, it was cold and rainy, and the hyrax did not like to go out in bad weather. So he stood in his door and asked the lion and the wolf and several others to bring him his tail, and they all promised to attend to it. But they all forgot it; and when the hyrax went himself the next day to see about it, he found that the supply of tails was exhausted. That is why the hyrax has no tail, and if you rely on what other

people tell you that they have done, or are going to do, for you, the result will probably be about the same.

And just here permit me to give you an entirely new bit of advice; at least, I did not find it in any of the valedictories I read. You will, of course, never ask a man who is not acquainted with you personally to give you recommendations or testimonials; but see to it that you yourselves never sign a recommendation for a man whom you do not know. Do not be persuaded or bullied into doing this by people whom you know, for people whom they know, but you do not. If you wish your name and opinion to have any value in the eyes of other people, respect them yourself.

Do not be in a hurry to write or teach. The American press has been said to be chronically premature, and the same may be said of a good many graduates—not, of course, of this school, but of some other schools; and not only in this country, but in other countries. There are a great number of men, in all professions, and in all parts of the world, of whom it may be truly said, that if they knew more, they would say less. Try to know something of all branches of science, for they all throw light upon your work; and at the same time try in some one branch in your own special field of study to know more than anybody else, and to be sure that you really do know it. This is not so difficult as it may seem. You will not have to go far in any direction before you will come upon that which is doubtful or unknown—questions which as yet have no answers. And if, during your pupilage, you have learned to think, and are not, as Holmes phrases it, merely "phonographs on legs," the rest is a mere matter of detail, and this advice is not difficult to follow. Hesiod said that in his day there were three kinds of men—those who understand things of themselves, those who understand things when they are explained to them, and those who neither understand things of themselves nor when they are explained to them. That was the classification in Greece over two thousand years ago, but it is a convenient one for use even now; and when a man has settled for himself to which class he belongs, his education has taken a long stride.

Each of you has his aspirations—a little vague, no doubt, but none the less real. Keep them as long as possible, and, above all things, do not assume or affect a cynicism which belongs neither to your age nor your experience. Second-hand misanthropy is like a second-hand Chatham Street coat: it never fits. No doubt you all desire to make money; not for the money's sake, but for what you can do with it. It is not a desire to be ashamed of, and the business side of your profession demands your careful attention. But mark this: The best works in this world are not done for money, or from selfish motives of any kind. And if you are to achieve true success—the success which brings happiness, and is the only kind worth seeking—you must do a vast amount of work, not for money, but in part because you like it, and in part because it will do good and help others. Do not wait for the opportunity to do some great thing. Take hold of the work that lies next your hand; work which you can do, and which ought to be done—it will be very strange if there is not always something of that sort waiting for you; and do not dawdle, and defer, and lose the good, in a vain waiting and longing for the best.

Be healthy, brave-hearted, and joyous. Physical health is unfortunately not contagious, but mental and moral health is. Avoid second-hand philosophy, sickly complainings about the evils and miseries of life, and small beer of all kinds. No doubt you will find many of your golden dreams fading into gray mists; but, on the other hand, you will be continually stumbling against solid realities, which are quite as good as any dreams if you only recognize the opportunity. Labor and trouble you must meet; but of the first you can for the most part make a pleasure, and the second should not be pampered and made a luxury of. Never pity yourselves. Do not waste your time in vain speculations as to the why. Remember that bitter little poem of Heine's:

"By the sea, by the dreary, darkening sea, stands a youthful man,
His head all questioning, his heart all doubting,
And with gloomiest accent he questions the billows.
Oh, solve me life's riddle, I pray ye, the torturing ancient enigma
O'er which full many a brain hath long puzzled. . . . .
Tell me, what signifies man? Whence came he hither?
Where goes he hence? . . . .

"The billows are murmuring their murmur unceasing,
Wild blows the wind, the dark clouds are fleeting,
The stars are still gleaming so calmly and cold.
And a fool is awaiting an answer."

In the majority of valedictory addresses which I have examined, there was more or less special advice about medical ethics, and a word or two on this subject is therefore not out of place. The code—or perhaps I should now rather say the codes—of medical ethics are great mysteries to the public at large. By many it is supposed to be a sort of trades-union set of rules designed to protect the business interests of physicians, without any particular regard to the rest of the world. I need hardly say to you that this is not true. It may be summed up in this, that a physician should be a gentleman, and should treat other physicians and his patients as he would wish to be treated under like circumstances. And your duty in this matter is to attend to your own ethics and not those of other people. Medicine is not a rigid system of rules and formulæ as it was in ancient Egypt; a fixed creed to which you are to subscribe, and from which you must not vary. It is a living, growing thing, making use of every resource which the progress of science brings; it is truly eclectic and catholic, testing all things, and holding fast to that which is good. It is not a system which forbids the use of any particular remedy, or limits its followers within the narrow bounds of any sect or ism. There are such systems, and there are a few men who advertise themselves as followers of such systems, and who really do follow them. There are also many men who so advertise, but who really do not follow them. Some of these last are well-educated physicians, "but they are—that is to say, from the point of view of a gentleman, they must be considered as—in short, the more you know of their methods the more fervidly you will assent to what I have not said about them."

One of the latest authoritative expressions of opinion on this subject is the following resolution recently adopted by the Royal College of Physicians in London:

"While the College has no desire to fetter the opinion of its members in reference to any theories they may see fit to adopt in connection with the practice of medicine, it nevertheless considers it desirable to express its opinion that the assumption or acceptance by members of the profession of designations implying the adoption of special modes of treatment is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public. The College, therefore, expects that all its fellows, members, and licentiates will uphold these principles by discountenancing those who trade upon such designations." This last sentence touches the root of the difficulty. *Those who trade upon such designations.* Let us take a concrete example. You treat a case of pemphigus with arsenic. You may theorize as you like about the essential nature of pemphigus; you may select arsenic because you think it would produce the disease, or because you think it produces something contrary to the disease, or for no reason whatever beyond the empirical fact that you

have seen a case of pemphigus recover under the use of arsenic. Also, you may give this arsenic alone or combined with other substances, and in any doses that you please, from the decillionth of a grain to a grain, and you may explain the results as you like. But as an educated physician, and a gentleman, you may not advertise yourself as an arsenio-pemphigist, and denounce every one who does not adopt your theory and practice, and as there is a good deal of common-sense truth in the old adage, that a man may be known by the company he keeps, you will not have more to do than you can help with the men who do so advertise themselves; and still less will you have to do with those who advertise themselves as antiarsenio-pemphigists, and then treat their cases with arsenic after all, and claim the results as due to dynamized brickdust.

And please observe that this is all that you have to do. You are not to enter into controversies with them or about them, you are not to repine over their success or exult over their failures. They have another code of ethics from your own; that is all that need be said about it. Thus far I have been speaking of fairly educated sectarian physicians. As to the ordinary, uneducated, and bill-distributing quack, with his sure cure for cancer, or his pure vegetable specific for coughs, rheumatism, and dyspepsia, you may be sure that in the long run he will make rather more business for you than he takes away. Do not fall into the error of supposing that legislation can prevent the existence of this class of men, or that you need the protection of the law against them. The public interest demands such protection, if for no other reason than to secure a proper registration of the causes of death of all citizens, and it is not only your right, but your duty, to call the attention of legislators to these interests, but never seek protection on your own account.

Be honest to yourselves as well as to other people, and do not be afraid of admitting that you do not know, or feel bound to attempt an explanation of all that you see or do. He who would know anything thoroughly must be content to be ignorant of many things. Try to define to yourselves, as clearly as possible, your own ignorance; it is the first step towards remedying it, and be sure that the modest student, whether he be undergraduate or learned professor, will everywhere meet with helping hands in the great brotherhood of science.

There are many men who are honest in purpose, and yet who are constantly, although not consciously, untruthful; they see that which they think they ought to see, and not that which is.

I am reminded that this is a valedictory address, and that in it I must bid you farewell. This I do in behalf of your teachers, whose unavailing regrets that they are not to have another opportunity of meeting you in the examination-room, you can imagine much better than I can describe. What they could do for you they have done. And now, as Emerson says, "We have accompanied you with sympathy, and manifold old sayings of the wise, to the gate of the arena, but 'tis certain that not by strength of ours, or of the old sayings, but only on strength of your own, unknown to us or to any, that you must stand or fall." You may be sure of our best wishes for your success and happiness.

"Who misses or who wins the prize, go lose or conquer as you can;
But if you fall or if you rise, be each, pray God, a gentleman."

But while I bid you farewell as students, I also bid you welcome to the ranks of the profession. And I can assure you, that upon the whole, you are coming into very good company. If in anything I have said this evening I have seemed to speak lightly of the medical profession or its adjuncts, I hope it will not be construed as more than the ordinary banter in which we boys sometimes indulge when we get off in a corner by ourselves.

I have much faith in the advice of that anonymous writer who said—

"Oh, never wear a brow of care, or frown with rueful gravity,
For wit's the child of wisdom, and good humor is the twin.
No need to play the Pharisee, or groan at man's depravity;
Let one man be a good man, and let all be fair within.
Speak sober truth with smiling lips; the bitter wrap in sweetness,
Sound sense in seeming nonsense, as the grain is hid in chaff.
And fear not that the lesson e'er may seem to lack completeness,
A man may say a wise thing, though he say it with a laugh."

It is true that you are entering, nay, in your medical studies you have already entered, a world of labor, and pain, and sorrow. You will see how the destruction of the poor is their poverty, and how the sins of the fathers are visited upon the children; how neither culture, nor wealth, nor power, can forever put off the evil day; and how there is, at last, one event to all the sons of men.

You must be prepared to deal with anxiety, fear, grief, and despair, as well as fever and physical pain; you are to be not only physician, but friend, confessor, guide, and judge, and you cannot avoid these responsibilities if you would, nor should you if you could.

Nevertheless, I can assure that you are also entering a beautiful world, where the very shadows prove that plenty of sunshine exists, a world of brave men and good women, whose best and noblest characteristics are brought out most clearly and vividly in such scenes as those in which you will be called to act. But remember, that as a rule, you will find only what you seek and believe in. Remember, also, that this knowledge which you have acquired, and are yet to acquire, is entrusted to you as a power, a power none the less real, and involving no less responsibility because it is accompanied by no special outward insignia of authority or rank.

By the help of this knowledge you are to get wisdom—that wisdom which always lingers, and sometimes comes too late; that wisdom of which it is written that for all the children of men "length of days are in her right hand, as in her left hand riches and honor."

CLINICAL REMARKS

ON MUSCULO-SPIRAL PARALYSIS.

Delivered at the Orthopedic Hospital and Infirmary for Nervous Diseases, Philadelphia.

BY S. WEIR MITCHELL, M.D.,
PHYSICIAN TO THE INFIRMARY.

(Reported by GUY HINSDALE, M.D.)

MORRIS F., æt. thirty, a driver, applied at this hospital November 25, 1881, with the following history: He says that he was well until fifteen weeks ago, when he was thrown off a cart against a railing, striking his collar-bone and breaking it by direct contact. He also states that his shoulder-blade was out of place. The luxation having been reduced and the fracture set, in due time union took place and he returned to his work.

During this treatment his fingers upon the affected side gradually became a little numb, and for a while there was difficulty in moving them. After working for a fortnight, however, he suddenly lost the use of his hand, and was compelled to stop. On being questioned further, the patient states that on November 19, after drinking largely, it being Sunday afternoon, he went to sleep with his arm hanging over the edge of a settee, and that on awakening he found his hand benumbed. The following morning this numbness had increased, but now the arm is mending slightly.

Upon listening to the patient's history we find in the remote distance a possible cause, but which, in all probability, has nothing to do with his present trouble. It is, in fact, a very rare thing to see a fracture of the

clavicle produce great injury to the brachial plexus; but it is strange that such a result does not happen oftener, considering the relations of the various important structures lying in the sub-clavicular region. An account of cases of nerve-injury after fracture of the clavicle and luxations of the shoulder-joint, may be found in my book entitled *Injuries of the Nerves*.

Our patient says that at first he was unable to shut his hand tightly; now his grip is good. He cannot, however, extend the fingers, but is able to flex the second and third phalanges, though not the first.

The ulnar and median nerves perform their functions correctly; the musculo-spiral is the nerve injured. This is evident from what we learn of the man's position during the sleep which resulted in paralysis. His arm being extended, and resting on the edge of the settee at the point where the musculo-spiral crosses under the humerus, injury to the nerve at this point was quite possible. An examination of the muscles brings us to the same conclusion. When, having flexed his arm, I ask this man to resist me as I forcibly extend it, I find that, although he is a right-handed man, his right arm is the weaker. The action of the biceps is as good on one side as on the other, but on the right side there is absence of aid on the part of the supinator longus, which does not contract so forcibly on the affected side as upon the left. The muscles at the back part of the arm, the extensors, are in perfect working order.

The nerve is therefore injured between the points at which arise a branch to the triceps, which is unhurt, and those branches of the musculo-spiral which are given off below. There is no numbness in the forearm; the ulnar and median distributions are not affected. The thumb, however, is numb, and there is some want of feeling on the dorsum of the hand; in other words, the radial—the continuation of the musculo-spiral—has been partially paralyzed. The muscles of the forearm and hand react well under the electric current, when it is applied either to the nerve or to the muscles.

A case of this kind shows the necessity of going carefully into the anatomy of the part. The history would lead one to suppose that the phenomena were due either to the luxation or to the fracture of the clavicle, especially as there is a good deal of callus at the external end of the clavicle. If, however, the disturbances were due to this latter cause, they would have come on gradually; but, on the other hand, they arose abruptly, after sleep.

I have seen a great many of these cases. A man in a drunken sleep lies with his arm pendant over the edge of a chair or sofa, and wakes up paralyzed as to the musculo-spiral distribution. In one case, reported in my book, a drunken man fell in the sleep of intoxication so that one arm rested on the edge of a stone door-step, and the other on the sharp top of one of our old-fashioned foot-scrapers. He awakened with a double radial palsy.

It is a little odd that while, if we may trust the published cases, nerves violently stretched get well readily, nerves compressed like this man's do certainly prove very difficult to restore to absolute health.

The treatment consists in faradic excitation chiefly; and, as the man is already improving, we may with reason hope for a permanent and rapid recovery.

ORIGINAL ARTICLES.

AN IMPROVED PLAN OF USING CHRYSOPHANIC ACID EXTERNALLY.

BY GEORGE HENRY FOX, M.D.,
OF NEW YORK.

IT must be admitted by all that no recent addition to dermatological therapeutics can compare in value with chrysophanic acid. External applications of this remedy remove with surprising rapidity the most inveterate eruption of psoriasis, and prove of value in other cutaneous affections. But its action is difficult to control. As all know who have had experience in its use, it is very liable to produce a severe and unexpected dermatitis, and almost certain to ruin the underclothing and bed-linen of the patient. These objectionable features I have endeavored to obviate by adopting the following method of applying the remedy: A soft paste is made by rubbing the chrysophanic acid with a sufficient quantity of water and smeared upon the psoriatic patches, the scales of which have been previously removed, by one or more hot baths, with soap friction. As soon as the paste has dried, which it does in one or two minutes, a layer of collodion should be allowed to flow over each patch and to harden into a protective coating. This will remain in place for several days or longer, according to the location of the patches, and when it falls or is washed off, the application of the powder and the collodion should be repeated. By this procedure the chrysophanic acid in full strength is kept in contact with the affected skin, and prevented from exciting undue inflammation of surrounding parts or staining the clothes. A mixture of the powder and the collodion may be used, but it is less efficacious. A film of the collodion doubtless interferes with the action of the acid upon the skin. A somewhat similar plan which I have tried consists in the use of gutta-percha tissue to retain a strong chrysophanic ointment in contact with psoriatic patches. The edges of this tissue will adhere tightly to the skin if a small camel's-hair brush, dipped in chloroform, is passed rapidly beneath them.

BOVINE *vs.* HUMANIZED VIRUS

AS AFFECTING THE PREVALENCE AND DEATH-RATE OF VARIOLOID.

BY CHARLES SMART, M.D.,
U. S. ARMY.

IN connection with the present small-pox service in the city of Washington, D. C., I had occasion recently to inspect a "vaccine farm," from which, during the past month, a number of quills had been obtained for the use of the health office. After examining the details of the propagation of the disease from calf to calf, and the transfer of the matured virus to the quills, I watched the results of the implantation of the virus in forty consecutive cases—inmates of the Deaf and Dumb Asylum, at Kendall Green. Usually in testing virus I have endeavored to have the consecutive cases primary, so that no influence of previous vaccination might underestimate the value of the material. The operations were performed by Dr. Walsh. Of the forty cases, six only were primary implantations. These were successful, and ran the definite and well-known course of the vaccine disease. Of the thirty-four secondary cases, or revaccinations, all presented more or less indication on the arm of a previous operation, and one, in addition, was well pitted from an attack of small-pox, presumably modified by his antecedent

vaccination. In four of these the virus failed to produce its specific local results, while in thirty, among whom was included the individual who had previously suffered from small-pox, the results were successful, that is, the local inflammation, maturation, and crusting ran day by day parallel with the same manifestations in the primary cases, so that from the recent appearances on the arm it could not be said whether an individual case was a primary or a second vaccination. Experiences of this character have no doubt been noted by most physicians who have been making use of bovine virus, but I do not think that the inference which may be drawn therefrom has been placed prominently before the profession.

Of late years the belief has been gaining ground that humanized vaccine has become deteriorated by its transmission from patient to patient through so many years, and that the protective influence has thereby been lessened. Statistics show that the mortality from varioloid is greater now than during the years when vaccination was first practised. But that this is owing to the cause alleged, seems more than doubtful. Many practitioners of large experience believe it to be due to imperfect vaccination from improper crusts and a failure to repeat the operation until a satisfactory result is obtained, or, in other words, that the implantation of a material which may or may not have contained the specific particles, has been too often recorded as successful if any local action followed its introduction, although that action may not have been characteristically specific. No matter which may be the correct view to take of the increased mortality, the first theory has to be credited with the introduction of bovine virus into this country. The certainty of its action, with the facility of obtaining it when required, has led to its general adoption, irrespective of a probable improvement in the immunity statistics, which may be shown in the future.

Humanized virus, when propagated by the arm-to-arm method, is probably as certain in its specific local action as fresh bovine virus; but it is impossible to accomplish a large undertaking in this way. So, also, recent humanized virus on quills, points, glass slips, or in sealed tubes, yields but few failures in primary cases; but these cannot be so generally obtained as the points from the bovine culture. Practically, the bovine quill or point has to be compared with the humanized crust, preserved in wax, and rubbed up when required with water or glycerine, with which general vaccinations not long ago had to be effected. A percentage of failures would occur in primary cases vaccinated with this material, each requiring repetitions of the operation to effect a successful vaccination; while in revaccinations, with a small percentage of characteristic successes, there would be an exceedingly large proportion of anomalous "sore arms," and a certain number of clearly defined failures. When due care was taken to use only crusts which had responded satisfactorily in primary cases, to make two or three aggregations of insertions on each individual, and to infect each aggregation with material from a different source, the vaccinator considered himself warranted in assuming that immunity for a certain period had been conferred on the first or characteristic cases; that the failures were already protected against variola, and that the anomalous cases were vaccinia modified and irregular in its course by the influence of a previous vaccination. If these anomalous cases were really modified vaccinia, the susceptibility to the small-pox poison was exhausted by the operation, and they were entitled to be recorded as successful cases of revaccination. That they were thus viewed and recorded by the majority of vaccinators I feel confident from the large percentages of successful revaccinations appearing from time to time in published statistics — percentages which, in my own practice, I could only approach by including those cases where inflammatory action followed the operation, with crust-formation falling off at various times, say from the tenth to the twentieth day. But it is difficult to feel assured of success and protection in these anomalous cases resulting from humanized virus in a previously vaccinated individual in view of the distinctly specific character of the thirty cases recorded above as resulting from the introduction of the bovine virus. Even the case which had suffered from a previous attack of small-pox presented characters similar in every respect to those of the previously unvaccinated baby. This, however, might be set aside as owing to a peculiar and unusual susceptibility, like that unfortunate case which occurred in this service only the other day, where the carpenter employed on the repairs of the hospital, and selected for that employment because he had already suffered from the disease, became infected a second time, and died. But the absence of any irregular action in these thirty-four revaccinations throws grave doubts upon results which, I believe, have hitherto been regarded as satisfactory.

If modified vaccinia has no existence except as a product of the implantation of the humanized crust, the local action consequent on such an implantation must be referred to the introduction of non-specific organic matters—blood and inflammatory products more or less affected by aeration. And if such cases have gone on the record as successful revaccinations, the spread of modified small-pox, and its increased mortality, can easily be accounted for. Fortunately, while indicating the probable origin of the increased prevalence and severity of varioloid, the bovine virus may be expected to remedy the evils, although time must necessarily elapse before statistics can be brought forward to specify its influence.

IDIOPATHIC GLOSSITIS, TREATED BY ATOMIZATION—SPEEDY RECOVERY.

BY E. STUVER, B.Sc.; M.D.,
OF RAWLINS, WYOMING TERRITORY.

I WAS called to see J. M., æt. twenty-one years, laborer, at 5 P. M., January 4, 1882, and ascertained that about two hours previously he had been taken ill, quite suddenly, with a severe pain in the region of the tongue and fauces, headache, and general malaise.

For a day or two preceding this attack, he had

noticed an impairment of appetite, slight headache, some soreness of the throat and muscular system, but did not desist from his usual employment.

I found the patient greatly perturbed, with a highly flushed face and quite profuse perspiration; pupils about normal in size; sclerotic somewhat injected; no photophobia. On inspection, the following was noted: Pharynx, tonsils, and pillars of fauces hyperæmic and tumefied; tongue slightly swollen, painful on pressure, and covered posteriorly and centrally by a light-brown fur, with clean, red, and fiery-looking tip and edges. Submaxillary and sublingual glands slightly enlarged, and deglutition somewhat painful. Alvine and urinary discharges normal, temperature 102° (Kew), pulse 100. Gave a calomel-and-jalap cathartic, to be followed in the morning by a saline, also a gargle of potassium chlorate and tr. ferri. chloridi., in aqueous solution.

January 5. He did not rest well during the night, and this morning tongue is quite extensively swollen, almost entirely filling the oral cavity; coating still remains, but the edges and tip are glazed, of a yellowish color, due to the infiltrated serum; respiration is somewhat impeded, and deglutition entirely prevented, except small quantities of liquid. Gave fifteen to twenty grains sulphate of quinia this morning, and recommended incision of the tongue, but this was objected to. Temperature 102°, pulse 100.

5 P. M. The enlargement progressively continued during the day, and now the organ entirely fills the oral cavity and protrudes between the teeth. Pressure causes great pain; respiration is considerably embarrassed, and deglutition entirely prevented. There is great lividity of the face and anxiousness of expression, together with considerable pain and restlessness. Temperature 102⅘° Fahr., pulse 104.

Incision was now strongly urged, but not allowed. I now resorted to atomization for the relief of the symptoms; a Codman & Shurtleff's steam atomizer being used. A spray of alumen ℈i., to aqua f℥i., was applied for about ten minutes, and then replaced by the following solution, viz.:

℞. Ammonii hydrochloratis, ℥iii., aqua, f℥viii., misce, which was used about twenty minutes. Relief was experienced after the first application, the breathing being easier, and the pain modified.

The ammonium hydrochlorate solution was used four times during the night, about thirty minutes each time, and on the following morning, January 6, there was a great improvement, the tongue being reduced about one-half in size, much less painful, and more natural in appearance; deglutition was improved, and quite a full breakfast of semi-solid food was eaten with relish. Temperature 99°, pulse 78.

The atomization was continued throughout the day, with a constant diminution in the size and painfulness of the organ, and a general improvement of all the symptoms.

P. M. Temperature 98°, pulse 70. The symptoms after this date rapidly subsided, and in two days the tongue had regained its normal condition, and the health been fully restored.

AN INSTRUCTIVE CASE OF SPINAL CARIES.

BY V. P. GIBNEY, M.D.,
OF THE HOSPITAL FOR THE RUPTURED AND CRIPPLED, NEW YORK.

A. F. G., male, aged ten, was referred to me at the Hospital for the Ruptured and Crippled by my friend, Dr. H. T. Hanks, *December 10, 1872*. The patient had an ovoid tumor filling Scarpa's space, left side. It was about the size of a hen's egg, was soft and reducible, and an impulse was conveyed as he coughed. It had recently made its appearance; and there was no history of any pain preceding it. It looked very much like a femoral hernia; but the contents of the tumor led me to examine the spine, where I found an angular deformity in the dorso-lumbar region. The diagnosis was thus easily made, and a brace was applied. A piece of canvas was constructed with a lacing, by means of which elastic pressure in the shape of cotton-wool could be made over the femoral tumor. The patient came under treatment in the out-door department, but did not attend very regularly. His mother was very faithful, however, in keeping up the pressure, and by *October 29, 1873*, all traces of the tumor had disappeared.

He did not apply for treatment again until *July 19, 1879*, and in this long interval the deformity of the spine had remained *in statu quo*, and the femoral tumor had not reappeared. The case, indeed, had been regarded as cured, and the angular projection—one-half inch high—was so slight that it could not be detected through the clothing. He returned now on account of a tumor which had appeared within the past three or four days in the left ilio-costal space, and was about one-half the size of that which formerly existed in Scarpa's space. Pressure was applied here, and potass. iodide, gr. v. t. i. d., administered. At the date of next visit the tumor was smaller, and a faint hope was raised that the iodide might prove of value; but this was soon dispelled; for on *October 25* there was a large abscess extending up to the scapula even. This was aspirated, but not more than a half pint of pus was removed thereby. The operation was repeated on *November 1*, but with unsatisfactory results.

On the afternoon of the *3d inst.*, he had a violent chill, followed by high fever, complaining at the same time of pain in the left loin and thigh. The family physician, a homœopathist, gave quinia, gr. xx., in capsule, and I saw the boy at his home on the *6th*, when his temperature was (3.45 P.M.) 104½°, pulse, 140, and respiration 35 and jerking. The bowels were constipated; lungs examined with negative result; talking gave him much pain. The tumor was much larger than before the aspirations, and in Scarpa's space, left side, the old tumor of 1872 had reappeared. This readily disappeared on pressure, but the parts in the immediate neighborhood were very tender.

An incision was made in the cicatrix of the aspirator needle, and about twelve ounces of fetid pus were evacuated, the sac not being completely emptied. Simple dressings were applied, and stimulants freely employed, together with chlorate of potassa and tincture of the chloride of iron.

Nov. 7.—Passed a restless night, although he felt

much better this morning. It is necessary to tent the wound. His temperature this P.M. is 103½°, pulse, 110, and respiration, 38. Incision extended, and at least a quart of thick pus is evacuated, the sac collapsing completely. There has been no reappearance of the scarpal tumor.

Nov 8.—Appreciable improvement this morning, temperature 102°. Quinia added to his medication, in gr. v. doses. P. M. his temperature is 103°. No interruption to the discharge; but the bowels remain constipated. On the following day a good evacuation of the bowels was had, and his temperature was one degree lower. Next day there was delirium to a moderate degree, and his symptoms were altogether worse than on any day since the abscess was opened. He has been compelled to take an opiate at night, in order to secure sleep, and much of his unpleasantness is attributable to this drug. The syrup of lactucaria is substituted for morphia, and, on *November 12*, he feels much better, and his temperature is about normal. He was not seen again until the *18th*, in the evening, when he had a temperature of 104°, and was harassed considerably by a hacking cough, seemingly pharyngeal. Physical signs of lungs were negative. It is still difficult to secure good movement of the bowels. The quinia was increased to gr. xx. per diem.

November 24.—Temperature, 105°. Complains of pain in the right groin, and calf of same side. Nothing found save tenderness in the groin. Under hot fomentations and quinia he was comparatively easy, complaining occasionally of pain in the right groin, and, on the *27th*, I detected a slight fulness deep in the iliac fossa, with appreciable dulness. His temperature was 104°, and pulse, 120.

November 28.—His temperature, 103; lies in dorsal decubitus, with right thigh flexed to an angle of 135°, and extension beyond this limit causes pain. From this date to *December 4*, the signs were very obscure, at one time pointing to a pleurisy, and later to a perinephritis. Yet there was undoubtedly an accumulation of pus on the right side somewhere between the carious vertebræ and the groin. The abscess in the left ilio-costal space was still discharging a little, and, altogether, the case bade fair to be a protracted one. It was quite impossible for me to give the time the case demanded, and I suggested that some one be called in who could give it the required attention.

There were many reasons, the parents urged, why the boy's god-father, the homœopathic physician already alluded to, should assume charge, and I resigned. Be it said, however, to the credit of the practitioner who followed me, the case was skilfully managed, and the history, as I learned it nearly a year later, was that the treatment had been tonic and supporting; abscesses formed in the groin and on the upper third of the thigh, only to be promptly opened and drained. His convalescence was long and tedious. The apparatus was worn faithfully as soon as he began to sit up, and on *December 28, 1881*, he came again under my observation, when I made the following notes:

The patient is healthy, and weighs more than he ever did; walks erect, and quite easily. The spinal prominence measures nearly three-quarters of an inch in height, being only a quarter of an inch higher than when he first came under treatment. The abscesses have long since closed, and consolidation in the vertebræ seems complete. There are four cicatrices on the outer aspect of the right thigh, at about its middle third; two in the right groin, and one in the left ilio-costal space. There is no lameness whatever.

Remarks.—This case well illustrates the tolerance some patients have of disease. Just how long the spinal caries had existed when he first came under treatment, in 1872, we have no means of ascertaining. The psoas abscess was the first sign that was observed. The dispersion of this seems now to have been a mistake; for if vent could have been given thus early to the products of the destructive inflammation going on in the bodies of the vertebræ, he *might have* escaped that long suppurative process which came on five or six years later. I say might have, because it is not a common occurrence for abscesses to form years after a course of suppuration. Sometimes this happens. It is curious to know how an abscess can push its way about large joints, lying on muscles that are the most effectual in movements of the same, and yet leave the functions at the end intact. Now this young man is literally scarred with cicatrices about the right hip, and yet his gait is perfect. He suffered a long time from hectic, and even from septicæmia, and made a good recovery despite it all. By means of apparatus carefully worn, he has only a minimum deformity. True, the disease was located in the region most favorable for treatment, and the result obtained is nothing more than any general practitioner could have obtained with average care. On this account I considered it an encouraging case to report.

FEMORAL ANEURISM

CURED BY DELIGATION OF THE ARTERY AFTER TWO FAILURES BY COMPRESSION. THE LIGATURE FALLS FROM EROSION (CALCAREOUS) AFTER SIXTY-TWO DAYS.

BY C. M. FENN, A.M., M.D.,
OF SAN DIEGO, CALIFORNIA.

DAN W——S, aged forty, for many years a mail-carrier in Arizona, came under my observation and treatment in the fall of 1876. He informed me that during one of his trips across the then hostile region, he was attacked by Apaches and narrowly escaped death. Attempting, during his flight, to pull out an arrow which had transfixed his thigh, he broke the shaft of the weapon, leaving the barb in his flesh.[1] Some hæmorrhage following the difficult extraction of the arrow-head, at the first station reached he was advised to remain in bed for a few days. But the wounds healed so kindly that he was soon able to return to duty. More than ten years after this episode, and about a

[1] I am informed that the battle-arrows of this tribe differ from those used to bring down game, in that they are of less weight, frequently poisoned, and cannot be extracted by traction on the shaft.

year previous to our interview, he noticed a gradual uprising of the tissues overlying the track of the old wound. Pulsation, pain, and impaired locomotion now rapidly succeeded each other, until, unaided, he could no longer "mount the boot." Obtaining a leave of absence, he went to one of the military posts of the territory, where, under the direction of a skilful surgeon, relays of soldiers, with thumb and key, made compression upon the femoral artery for five days.

After resting for a few weeks, he left Fort ——— to seek the advice of a surgeon in a neighboring town. Concurring in the previous diagnosis, a tourniquet and weights were here methodically applied, but with no other apparent result than to increase the swelling and sensitiveness of the limb. Such, in brief, were the main points of his history.

He was much reduced in flesh by reason of the constant pain and consequent loss of sleep, and passed the greater portion of each twenty-four hours in a sitting posture, with the leg elevated upon a chair. Two cicatrices were visible, the larger one on the outer aspect of the limb. At about the junction of the middle and lower thirds of his right thigh, the rectus- and vastus-internus muscles were stretched over a spherical pulsating tumor somewhat larger than a base-ball. The measurement (circumference) of the limb, which included the apex of the swelling, was six inches greater than at any other part of the thigh. Through the stethoscope was heard an aneurismal thrill, which was synchronous with the pulsation, and with it ceased upon compression of the artery above the tumor. Alternate pressure upon the cardiac and distal sides of the swelling produced the usual effects, direct compression also diminishing its volume. The tumor was undoubtedly an aneurism, but whether of traumatic or idiopathic origin it was impossible to determine.

In view of the previous attempts at cure, and not at that time having Esmarch's apparatus (I much doubt its utility under such circumstances[1]), I advised deligation of the artery as, in my opinion, the only practicable remedy. He was eager to submit to the operation without further delay, but his cachectic appearance admonished me to prepare him for the ordeal. In this I was unexpectedly successful, aided by sea air, tonics, and more than all, perhaps, by the prospect of relief held out to him. At a later period his confidence in the method and operator was cruelly shaken by the machinations of an advertising regular(?), to whose influence I attributed a part of W.'s remarkable behavior under the anæsthetic, so carefully administered by Dr. Shearer, U. S. A. Throughout the operation every attempt at manipulation seemed to rouse the patient from a condition of profound anæsthesia to almost complete consciousness. A further explanation of this embarrassing behavior may be noted further on.

Taking advantage of the brief intervals of repose, the artery was sought in Scarpa's triangle, and was dissected out with such care that no blood was lost. The sartorius muscle, crowded high up by the tumor, required unusual and forcible retraction in order to expose the sheath of the vessels. In this situation the femoral artery increased to the proportions of the abdominal aorta, had lost its normal color and elasticity. Its walls, thickened and mottled as if by some adventitious concretition, were so hyperæsthetic that the slightest touch produced reflex movements of the limbs. In brief, the condition of the vessel was such that we made use of a strong ligature, and were especially careful in applying the same.

Pulsation in the aneurism was immediately arrested, the muscular tension yielding measurably at the same time. In the afternoon a marked decrease in the temperature of the limb caused me to envelop it in wadding for several hours. Collateral circulation, however, was soon established, and the subsequent progress of the case left nothing to be desired, with the exceptions to be noted. Unsuccessful attempts to withdraw the ligature were made on the fifteenth and eighteenth days, and at intervals up to the thirty-fifth. The silk was then cut off close to the surface, and permission given the patient to go to Aqua Caliente (warm springs), a place of considerable resort in the interior.

Returning after an absence of three months, Mr. W. informed me that convalescence had been uninterrupted, and that the ligature "dropped out" on the sixty-third day.

As a probable cause of the abnormal condition of the artery, and of the unusual separation of the ligature (the section is ragged and uneven, as if made by the gradual attrition of some hard substance), I have, in the title of this paper, suggested the presence of calcareous concretions in some of the arterial coats. In like manner we may account for the appearance of the aneurism ten years after the injury, upon the hypothesis that the notched and possibly poisoned arrow produced arteritis instead of immediate and traumatic aneurism. Later, as a direct result of the now chronic inflammation, or through the metamorphosis of an atheromatous or fibrinous exudation, osseous particles and scales were developed which occasioned degeneration and aneurism in one portion of the vessel and hyperplasia in another. A somewhat analogous process is observed in atheroma of the aorta,[1] so frequently met with in the course of hospital and other necropsies on this coast. The thoracic aorta is seldom free from this deposit or degeneration, the ascending division often rendered stiff and unyielding by it, while the transverse portion is as often the site of an aneurism more or less developed. In such cases, as in the one under discussion, the destructive change seems to begin at a bent portion of the tube, and chiefly for the reason that the column of blood meets with greater resistance at that point.

It is not, however, necessary to suppose that atheromatous degeneration was the cause of the lesions described, nor to discuss the theories of Virchow and Martin in explanation thereof. Pathology

[1] Since this was written I find that Stimson's valuable paper, on the "Treatment of Aneurism by the Elastic Bandage" (*vide* American Journal of the Medical Sciences for April, 1881, page 328), records a failure by Esmarch himself in a somewhat analogous case.

[1] In the East Prof. S. D. Gross finds this lesion chiefly among persons of foreign birth. Here, it appears, that age and occupation, rather than nationality, afford exemption.

teaches us that the exudation resulting from wounds of the arterial tunics is *sui generis*, and tends directly to the formation of fibrinous and osseous concretions. Andral says this condition of the fibrous coat is frequently found in large arterial trunks, *as the femoral.* His additional statement that a local arteritis may exist for a long time without giving rise to any visible or manifest signs, taken in connection with the mail-carrier's sedentary occupation, may explain the patient's ignorance of the change going on in his femoral artery.

My first impression was that protracted and perhaps rude compression had caused the hyperesthesia and hyperplasia, but I am now inclined to believe that the abnormal features antedated, and possibly rendered abortive, the attempts at cure.

BROMIDE OF AMMONIUM IN WHOOPING-COUGH.

BY FORDYCE GRINNELL, M.D.,
PHYSICIAN TO THE PINE RIDGE INDIAN AGENCY, DAKOTA.

SOME cases of whooping-cough were imported into this agency in the early summer, since which time it has spread from band to band among the seven thousand Indians located upon various portions of this Reservation. Having noted in the August number of *The Medical News and Abstract* the success of Dr. Kormann in the use of bromide of ammonium in the treatment of this disease, I determined to give it a trial.

I had experienced some difficulty in former epidemics in getting children to take the preparations of quinia, and knew especially this difficulty would be increased in the case of Indians, whose prejudices were to be overcome in making a change from their own to "white man's medicine."

During the months of August, September, October, November, and December, 223 cases have been treated with the bromide of ammonium—108 males and 115 females. Of these, 75 males and 77 females, or a total of 152, have recovered; 3 males and 3 females have died, and 30 males and 35 females remain under treatment. In these 65 cases, however, the disease is well under control, and many of them have no symptoms remaining, save those of a mild bronchitis.

In the six cases reported as having succumbed to the disease, all were well advanced in the second or spasmodic stage before they were presented for treatment, and two of them had had repeated convulsions, so that remedies of any kind could have been of little avail. No death occurred in any case treated from an early stage of the disease, and these were not usually presented for treatment until the "whoop" was well pronounced; some, indeed, not until the symptoms were most urgent.

The doses of the bromide given were in accordance with the suggestions of Dr. Kormann, viz., from three-fourths to four grains, as indicated by the age of the child. These doses were given three or four times daily, and at night, when the child was frequently disturbed by paroxysms of coughing. It was usually given in syrup, as the children made no objection to taking it in this form. No other treatment was used in these 223 cases, except the external application of camphorated oil to the throat and chest in the more serious cases.

The success attended by this treatment has been an agreeable surprise to me. It may be said, "Perhaps the epidemic was an unusually mild one, and therefore any of the accepted remedies would have met with like favorable results;" but the fact that a far greater per cent. of deaths occurred among the children not treated at all would indicate the value of the remedies employed. In those camps where a prejudice still existed in reference to the use of "white man's medicine," and where the services of the physician were not sought, there have been two or three deaths in the twenty-four hours in some instances; while, as shown above, in no case where the remedy was timely used, has a death occurred.

In what way the remedy acts to effect such a controlling influence over the disease in so short a time, I leave for those devoting themselves to such researches to determine; but it appears to me that we have in the bromide of ammonium a remedy superior to any yet made known for the treatment of pertussis.

INFLAMMATION OF THE LACHRYMAL GLANDS (ACUTE DACRYO-ADENITIS).

BY S. C. AYRES, M.D.,
OF CINCINNATI.

THE lachrymal glands are so strikingly exempt from both acute and chronic inflammations that the following case may be of interest. The patient was a healthy, well-developed octoroon, who had never had any trouble with her eyes. She had a moderate degree of myopic astigmatism, which, when corrected, brought her vision up to the normal standard.

Mrs. T., æt. twenty-three, gave the following history of her case. For three weeks previous to her application for treatment, she had noticed that the upper lids were becoming so thick and heavy that she could scarcely raise them. It began by a feeling of stiffness in the lids, which was more noticeable in the morning upon waking. The skin of the lids became red and swollen, and felt hot and dry. The symptoms gradually increased, and caused her so much inconvenience, that she finally applied for treatment.

When first seen, she could with difficulty open her eyes wide enough to enable me to see the pupils, and this only by vigorous action on the part of the occipito-frontalis. In looking up, she would raise her head and throw the chin forward, and it was with difficulty that she saw objects to the right or left. The lids were œdematous and swollen even with the forehead. When they were closed, they resembled a case of purulent ophthalmia in the acute stage. There was a slight catarrhal discharge, but in other respects the conjunction was healthy.

The lids had a boggy or doughy feel. The lachrymal glands could be plainly felt below the edge of the orbit on either side, and were sensitive to pressure.

As it did not seem probable that suppuration was about to set in, I painted a band of strong tincture

of iodine, about four inches in breadth, across both upper lids. In two days I saw her again, and found the appearance of the lids decidedly better. I then used adhesive collodion instead of tincture of iodine, and repeated this application five or six times. I also instructed her to foment the lids with hot water several times a day. Under this treatment the lids soon resumed their natural appearance, and in two weeks she was discharged well.

A FENESTRATED CUTTING FORCEPS FOR TREATING NASAL OBSTRUCTION DUE TO DEVIATIONS OF THE SEPTUM.

BY JOHN B. ROBERTS, M.D.,
LECTURER ON ANATOMY AND ON OPERATIVE SURGERY IN THE PHILADELPHIA SCHOOL OF ANATOMY.

THE frequency of lateral deviation in the nasal septum and the annoyance which results when it causes occlusion of a nostril are sufficient reasons for giving attention to the alleviation of symptoms due to it. A very common seat for the deformity is in the triangular cartilage, which forms the anterior portion of the septum. This is often so bent or displaced from injuries and other causes that the nostril on one side is occluded by the apposition of the septum and ala of the nose. The deleterious effects exerted by nasal obstruction upon the mucous membrane of nose, pharynx, and larynx, and upon the voice, are well known; and yet, until recently, few surgeons were inclined to attempt operative interference in cases of deviated septum. Some advised paring away the cartilage which projected into the nostril, but cautioned the operator not to cut so deeply as to perforate the septum; while others spoke of the deformity being practically irremediable.

Recent advances in nasal pathology and therapeutics, however, show the fallacy of these conclusions. An orifice in the septum, allowing direct communication between the two nostrils, is of no real disadvantage, unless the opening is so small as to cause whistling when the air current passes through. Therefore, when the lateral deviation closes one naris, and prevents free ventilation of the corresponding nasal cavity, it is proper to cut away the obstructing cartilage. Often this can only be done by removing the entire thickness of the septum at the most deflected point. Such an operation leaves a free opening between the two nasal fossæ. This causes no special inconvenience, but is, in fact, a great relief to the patient, because, by removing the obstruction, it gives full opportunity for respired air to enter and leave both nasal cavities.

The old method of accomplishing the object was to pare away the cartilage with a scalpel, or to scoop out a piece with a gouge. This is a crude and inaccurate operation, and not adapted to instances of obstruction from deviation in the bony septum. Blandin's forceps, or punch, which cuts an oval disk out of the septum, acts on the proper principle, but is unsatisfactory because the cutting edge, after perforating the tissues, strikes on the flat surface of the other blade. The soft mucous membrane, is, therefore, only crushed or partially torn, instead of being cleanly cut, and holds in place the cartilaginous disk, which must be removed afterwards with forceps and scissors. To obviate this difficulty, I have modified the forceps by placing an oval opening or fenestra in the flat blade, into which the elliptical cutting edge accurately fits; hence, when the forceps is closed, the mucous membrane is readily incised, and a disk of cartilage covered by the soft tissues is cut from the deformed septum.

The removal by the punch of the most deflected part of the septum is usually sufficient to render the occluded nostril patent. If there is still some obstruction, the offending portion of cartilage can readily be trimmed away, and the opening thus enlarged by means of the cutting forceps or scissors.

I have experimented during several months with the ordinary instrument, with one on the flat blade of which I had placed a strip of lead, and with the fenestrated forceps, and find that the last is the most efficient. The others soon become dull, and do not cut out with nicety the entire thickness of the septum. After the punch has been forcibly closed upon the cartilaginous or bony septum, it should be rocked a little from side to side to ensure the entire division of the tissues at its distal extremity where less power is obtained.

The fenestrated cutting forceps can readily be made by any instrument-maker, but it requires care to have the edges well set. The wood-cut is a good representation of the instrument reduced to one-third the natural size. The catch upon the handles is to keep the blades closed, and thus prevent the edges becoming dulled by contact with other instruments.

DEATH FOLLOWING THE ADMINISTRATION OF ETHER.

BY STOYELL C. PARSONS, M.S., M.D.,
SURGEON TO THE NEW YORK DISPENSARY.

ON the 16th of February, 1882, Ellen Slevin, aged fifty-four, and born in Ireland, presented herself at my clinic, complaining of increasing pain and inability to raise her arm; she was of medium height, and a well-nourished woman. Upon examination, I found a dislocation of the humerus in the axilla of five weeks' standing, which possessed more than ordinary motion. Finding her heart and lungs sound, I concluded to administer ether, and so called upon my colleague, Dr. Hall, for assistance.

She passed under the influence of the anæsthetic quite readily, and, after a considerable amount of physical energy, we succeeded in reducing the dislocation.

The amount of ether (Squibb's) used was about six fluidounces, and the length of the entire operation about twenty-five minutes. Five minutes subsequent to the reduction she asked for a drink of water, and

a little later wished to go home; after attending to a few remaining patients, I left her in charge of a friend and the janitor, which was at 12.20 P.M.

At 12.45 P.M., and 1.15 P.M., she again was seen by Dr. Hall, but nothing unusual was noticed; but at 1.45 P.M., the House Physician was notified that she was dying, and he then found her in a cyanosed condition.

She was given two hypodermics of ether of twenty minims each, and three or four of brandy. About twelve to fifteen dry cups were applied over the entire chest, and other stimulative measures resorted to, but all to no avail, death occurring at 12.15 P.M.

The following day, Deputy Coroner Ruefle, in the presence of Drs. R. Kalish, H. A. Bagley, and myself, made the *post-mortem* examination, and found the heart, liver, and one kidney perfectly healthy—the other kidney being slightly fatty; the lungs were deeply congested, thus causing her death.

HOSPITAL NOTES.

PHILADELPHIA HOSPITAL.

(Service of Dr. WILLIAM G. PORTER.)

A CASE OF DACTYLITIS SYPHILITICA.

(Reported by CHARLES W. KOLLOCK, M.D.)

DACTYLITIS syphilitica is a lesion which at times follows syphilis concerning which little was known until Dr. R. W. Taylor, of New York, published in the *American Journal of Syphilography and Dermatology* (January, 1871), a very exhaustive article upon the subject. But seven or eight authentic cases were then upon record, and though this particular lesion must have existed in many more instances, the profession had either failed to recognize it as a sequel of syphilis, or neglected to describe it in accurate and detailed accounts.

An interesting case of this variety recently presented itself in the wards of the Philadelphia Hospital.

C. J., a boy five years of age, was brought here by his mother for treatment. His condition then was indeed pitiable; emaciated and breathing with difficulty, owing to enlarged cervical glands, his life was looked upon as rapidly nearing its end. However, under specific and tonic treatment, he quickly improved, and is now, for one in his condition, a comparatively healthy-looking child. The mother denies ever having had any specific disease, and is apparently a healthy woman. So far as she knows, the father was likewise free from taint, but died of consumption. She admits having borne another child upon whom sores made their appearance about two weeks after birth, and continued to come and go until its death, which occurred when nine months old.

The history of our patient is as follows: He was healthy until two years old, when his eyes became sore, and they were no sooner cured than sores appeared all over the scalp. This condition continued some time, but finally was cured, and the child placed in a home. In June, 1880, the anterior cervical glands began to enlarge and press upon the larynx and trachea, causing dyspnœa, and many times tracheotomy seemed imminent. Just at this period the first metacarpo-phalangeal joint and phalanx showed signs of trouble. Enlargement gradually took place at these points—the color changing from the natural to a violet or purplish hue—but no pain was experienced. The swelling has extended anteriorly to the second phalangeal, and posteriorly to the carpo-metacarpal joints. The metacarpo-phalangeal joint measures five inches in circumference, but at present is not increasing in size. There is no crepitation in the joints, and their movements are normal, except in so far as the hypertrophied tissues surrounding prevent perfect motion. Suppuration has taken place several times, and the exuded material under the microscope is shown to contain pus corpuscles and granular detritus. Dr. Taylor describes this lesion under two heads—one in which the subcutaneous connective and fibrous tissues are the seat of the gummy infiltration, and in the other the periosteum and joints are infiltrated. The case under consideration would seem to come in the first division, though sooner or later the latter parts may be involved.

The glands of the neck break down and suppurate at longer or shorter intervals, and interfere very much with respiration.

The treatment at present is specific and tonic; $\frac{1}{8^{\frac{1}{4}}}$ grain of bichloride of mercury in a teaspoonful of compound tincture of chinchona three times a day. Though improvement is slow, it can be safely said there is no retrogression.

This case is interesting in that it occurred in one so young, and was undoubtedly hereditary, whereas most of those described by Dr. Taylor acquired syphilis in the usual way. But one lesion of the kind has been reported in so young a child, and that was Archambault's case, which occurred in an infant.

MEDICAL PROGRESS.

VACCINATION.—At the quarterly meeting of the Rhode Island Medical Society, in September, 1881, Dr. E. M. SNOW, Superintendent of Health of the City of Providence, spoke upon the subject of vaccination, substantially as follows:

He had had considerable experience in vaccination, having the records of about twenty-six thousand persons vaccinated in his office since he had held the office. He had used humanized virus entirely, taking great care never to get it mixed with the modern "bovine" virus, so-called. The virus used in his office had undoubtedly been transmitted from arm to arm since the time of Jenner, and probably this is the only true humanized virus in the country. The local and constitutional effects of this virus are precisely the same from day to day, as those described by Jenner. His description is perfectly reproduced by the vaccinations every week.

In regard to the protection from small-pox, given by the humanized virus, it is absolutely perfect. Dr. Snow's experience on this point had been so positive and certain, that he had no patience in talking with those who denied that vaccination prevented small-pox. He related some cases.

On one occasion a young lady from Maine was taken with small-pox three or four days after arriving in the city. She was taken to the small-pox hospital, and her mother and brother came from Maine to take care of her. Neither had ever been vaccinated. They went to the hospital, and the next day Dr. Snow vaccinated them. The vaccination in both took perfectly, they remained at the hospital until the case of small-pox, which was very severe, had recovered, and neither the mother nor brother of the patient had the slightest symptoms of the disease.

In another case Dr. Snow was called to see a woman whom a physician was treating for some obscure trouble with the bowels. He found the patient with a profuse eruption, not quite fully developed, of modified small-pox. The tenement had only two rooms, and in the room was a child of two years who had never been vaccinated. This was on Sunday. On the Tuesday following, he

visited the family to vaccinate the child. He found that the woman had been relieved of her bowel trouble by the birth of a child, which was then just twenty-four hours old. He vaccinated the child of two years and the child of twenty-four hours; the vaccination took perfectly, and neither child had the slightest symptoms of small-pox, though both remained with the mother until she recovered.

At another time, March 13, 1859, Dr. Snow was called to visit a case of small-pox on Aborn Street. He found, in a cluster of seven houses, twenty-five families, and in these families ten cases of small-pox, all apparently at about the same stage of the disease. In the same families there were twenty-one children who had never been vaccinated. There being so many cases, it was not thought best to remove them to the hospital. The families, including the unvaccinated children, were quarantined at home, and a guard placed over them. The twenty-one children were vaccinated and compelled to remain at home with the sick. Several other cases of small-pox occurred in persons who had been previously exposed, and it was several weeks before those families were free from the disease; but not one of the twenty-one children referred to had the slightest touch of the disease.

Dr. Snow said the cases he had related were only examples of many more he might give the particulars of; his experience of the protective power of vaccination with humanized virus had been such that he could have no possible doubt upon the subject; his was positive knowledge.

With regard to bovine virus, Dr. Snow had had no experience; he had not used it; but he had known something of its effects when used by others. He had known two cases in which children lost their lives from small-pox because the bovine virus did not take effect. He had known from others, of scores, and probably hundreds of cases, in which the bovine virus failed to produce any result. He believed it was generally acknowledged that the bovine virus, as used in this city, was very uncertain in its results.

He had seen very severe, and even most serious local ulcers produced by the bovine virus, far worse, and more frequent, than he had ever known from the use of humanized virus.

Dr. Snow doubted whether we had yet had a fair and full investigation in regard to the protective power of bovine virus, and several facts had led him to believe that it might fail to give full protection from small-pox. At any rate, as he knew the protective power of the humanized virus to be absolutely perfect, and as, in a large experience, he had never seen any seriously injurious results from its use, he continued to use it without one particle of doubt that he was acting for the best.

PRINCIPLES REGULATING TAXIS IN CASES OF HERNIA.—At the meeting of the Southeastern Branch of the Royal Medical and Chirurgical Society, Mr. CLEMENT LUCAS read a paper on this subject. He said that obstacles to the reduction of the hernia might arise from conditions external to the sac, or be dependent on the sac itself or its contents. Taking first the external causes, these were, the course and direction of the tumor, constriction at the rings, and muscular action. Contrasting next inguinal with femoral hernia, he showed that in the former the rings were large and more dilatable; hence taxis was more often successful; but in inguinal hernia muscular action was a factor which was absent in femoral. A hot bath might be of service in inguinal hernia, by overcoming the spasm of the internal oblique and transversalis muscles; but in femoral it could do no good, and would only add to the collapse of the patient. Chloroform, besides subduing the pain, relaxed the muscles, and was a greater aid in the reduction of inguinal than of femoral hernia. He protested strongly against anything like forcible taxis in cases of femoral hernia, as the bowel was thereby pressed against the margin of rigid fibrous rings, which presented also knife-like edges. The operation for femoral hernia was almost without danger; that for inguinal more dangerous, on account of its large size; that for umbilical most dangerous, on account of the amount of bowel exposed, and because all drainage went back into the abdominal cavity. Happily, taxis was successful in the reverse order; umbilical and inguinal being more readily reduced than femoral. Obstacles to reduction situated in the sac itself were dependent on the direction of the sac, pouching of the sac, and constriction at its neck or in some part of its course, as in the hour-glass inguinal hernia. Difficulty of reduction from conditions within the sac depended on: 1. The bulk of the hernia; 2. The presence of a quantity of fluid in the sac; 3. The presence of omentum; 4. Adhesions. The evil results of taxis were stated to be: 1. Bruising of the tissues outside the sac, causing them to suppurate if subsequently opened; 2. Reduction *en masse*, or rupture of the sac; 3. Ecchymosis of bowel and hæmorrhage of sac; 4. Rupture of bowel, and consequent peritonitis and death. When herniæ were down, but not strangulated, time was not so important a consideration. If the surgeon failed to reduce at once, he might apply ice, give opium, use injection, and even pressure, and wait; then try again. With strangulation, time was of the utmost importance. The fatality of strangulation was due to two causes—the time during which the circulation was arrested in the bowel, and the severity of the taxis employed. He would limit taxis in femoral hernia to the first twelve hours after strangulation; in inguinal, to twenty-four hours; in umbilical, to two or three days. After failing in gentle taxis at first, he advised that the patient should be put at once to bed, with an ice-bag on the tumor; the pelvis should be raised high on pillows, none being allowed for shoulders or head; the legs should be flexed over pillows; the scrotum (if inguinal, in a male) raised by a small pillow between the legs. An injection of a fourth of a grain of morphia might be given once only. The surgeon next collected his friends, being prepared to operate if necessary. Chloroform being given, taxis was again gently applied; but, this failing, operative interference should be resorted to without further delay. —*British Med. Journ.*, Jan. 14, 1882.

THE OPERATIVE FIXATION OF FLOATING KIDNEY.—Considering that the extirpation of the kidney is in itself a serious operation, and that, moreover, by the removal of the one kidney an increased function is thrown on the other possibly defective kidney, surgeons will welcome the new method recommended by HAHN (*Centralb. für Chir.*, 1881, No. 29). He has already practised it in two cases of floating kidney (the right in both cases), completely relieving all symptoms in one case, and greatly alleviating the other, where the left kidney was also slightly movable. The patient lying on his left side, a vertical incision is made along the outer edge of the erector spinæ from the twelfth rib to the crest of the ilium, dividing the latissimus dorsi and quadratus lumborum muscles. The kidney, in its fatty capsule, is then pressed from the abdominal side into the wound, and there fixed with six to eight catgut sutures. Both cases recovered without a bad symptom. Since in both cases the kidney became, after a time, again slightly movable, the operator recommends that the fatty capsule should be opened, separated from the kidney, and firmly sutured into the wound, while, also, the kidney should be fixed as low down as it can possibly be drawn.—*London Med. Record*, Feb., 1882.

GANGRENE FOLLOWING THE INJECTION OF MONSEL'S SOLUTION INTO AN ANEURISM OF THE PALMAR ARCH.—Dr. W. W. KEEN reports, in the *Annals of Anatomy and Surgery*, for March, 1882, the case of a girl of seven, who, in 1876, had an aneurism of the superficial palmar arch, following a fall in which she struck her hand on a stone. A physician in Delaware being consulted, injected the aneurism with about ten drops of Monsel's solution. The thumb and all the fingers at once became blanched, and gangrene followed. On the eighth day, the line of demarcation being fully established, amputation above the wrist was done antiseptically. The next day the temperature had fallen from 102.5° to 100°, the child was up and dressed, and in ten days the wound was healed.

Dissection showed that the entire superficial arch, the radialis indices and the ulnar half of the princeps pollicis were all derived from the ulnar artery; hence the involvement of the forefinger and thumb in the gangrene.

THE EMPLOYMENT OF ANTISEPTIC ATROPIA AND ESERINE SOLUTIONS.—KROEMER is of the opinion that the conjunctival inflammation, which is sometimes set up by the use of atropia, is a septic process due to the formation of fungoid growth in solutions which have been long kept (*Klin. Monats. für Augenheilk.*, November, 1881). He found that the addition of salicylic acid to an atropia solution did not prevent it from becoming turbid; that boracic acid had only a slightly preservative effect; but that carbolic acid, in the proportion of 1 in 1000, kept it perfectly clear. Solution of eserine, also, was found to remain clear and almost colorless when treated in the same manner. This proportion of carbolic acid is stated to produce no disagreeable sensation in the eye, and it is said that, since the introduction of these antiseptic solutions, in the clinic at Basle, conjunctivitis from atropia, which was formerly of frequent occurrence, has not been seen.—*London Med. Record*, Feb., 1882.

TRANSIENT ALBUMINURIA.—Dr. F. P. KINNICUTT believes that temporary albuminuria, as it occurs in children and adolescents in apparent health, may be traced in a large number of instances to a transient oxaluria or lithuria, and suggests that the sequence of events in the causation of the albuminuria is as follows:

1. The temporary presence of a large amount of imperfectly oxidized matter in the circulation.

2. A disturbance of the general nervous system, in which the vaso-motor system of the kidney shares, or one confined to the vaso-motor system of the kidney in its elimination of these products of a faulty digestion.

3. A transient dilatation of the bloodvessels of the kidney and a retardation of the blood current in the glomerular vessels, with a consequent possible alteration in the functions of the glomerular epithelium, also of a temporary nature.—*Arch. of Med.*, Feb., 1882.

TUBERCULOSIS.—Prof. RINDFLEISCH (*Virch. Arch.*, 1881, lxxxv.) believes that tuberculosis is undoubtedly an "infection-disease," but one for which mankind has, to a certain extent, established a tolerance, and which, therefore, appears in its original character only in the case of a person where this tolerance does not exist. Immunity from the outward manifestations of this latently universal disease depends, according to Prof. Rindfleisch, on good food and a free blood-formation. These failing, tuberculosis becomes evident, and is then handed down by inheritance. The disease shows itself in a characteristic inflammatory process, under which Prof. Rindfleisch reckons (1) disseminated miliary tuberculosis, the result of the tubercular poison alone, appearing in the form of miliary and submiliary nodules in most of the organs of the body; (2), the more localized miliary tuberculosis, where, in consequence of some local mechanical irritation, the disease appears only in a single organ (lung, brain, peritoneum); (3), localized miliary tuberculosis, where miliary tubercles are developed in the neighborhood of an inflamed centre, ultimately finding their way into the inflamed tissue itself; and (4), inflammatory processes, especially ulcerations of chronic course, with little, or perhaps no, local formation of miliary tubercles, but very generally with tuberculosis of lymphatic glands. These inflammations, Prof. Rindfleisch points out, occur from causes which, in ordinary circumstances, would scarcely produce a passing congestion. The inflammatory product consists, in the first place, in a slow growing deposition of white blood-cells in the connective tissue of the irritated parts. After a time, changes occur. 1. Part of the cells take an epithelioid character, and are termed tubercle-cells, being three to five times as large as white blood-cells. 2. Giant-cells are developed, which, however, are not to be regarded as characteristic of tubercle. 3. After the aggregations of epithelial cells have produced certain centres in the new growth, there appears a fine granular albuminous substance, either coagulated lymph, or developing zöoglœa masses, which either separates, or involves in it the epithelial cells. 4. Lastly comes caseation of the inflammatory products owing to defective nutrition. These various peculiarities of the inflammation appear in the different forms of tuberculosis enumerated above.—*London Med. Record*, Feb., 1882.

THE POSITION OF THE OVARIES.—Prof. HIS contributes a new paper (*Arch. f. Anat. u. Entwick.*, 1881, 4 and 5) to the rapidly increasing literature of this vexed question. He holds, in the main, to his theory that they lie with one side resting against the wall of the true pelvis and that the long axis is verticle, a view which appears to have gained ground since its publication in 1878. He has since very carefully examined the position of these organs in three suicides aged respectively fifteen, sixteen, and twenty years, and finds, as indeed might have been expected, that if the fundus of the uterus is on one side of the median line the ovary of the opposite side is drawn downwards and into an oblique position. It is evident that after this position has once been reached the weight of the viscera will tend to press the ovary more and more from its normal position. Summing up the results of all his observations His gives the following as the normal or primary position of the ovary in the young adult female: The organ lies with its side against the wall of the pelvis, the free border being behind and the attached end below. The Fallopian tube is looped over the ovary, rising along the front and falling behind it. The fimbriæ then turn back and spread over the summit of the ovary.

It should be remembered that with advancing years and after repeated pregnancies the situation of the ovary must become more and more uncertain.—*Boston Med. and Surg. Journ.*, March 9, 1882.

TREATMENT OF SCIATICA BY HYPODERMIC INJECTIONS OF NITRATE OF SILVER.—Dr. GRESLON reports (*La France Méd.*, Sept. 26, 1881) the radical cure of a case of sciatica, which had resisted all ordinary methods of treatment by hypodermic injections of the nitrate of silver. The patient, a lady fifty-three years of age, was of a gouty and rheumatic diathesis. She had recently suffered from several attacks of acute articular rheumatism. Her metacarpo-phalangeal articulations presented the characteristic deformities of arthritis deformans. In March, 1879, the patient was attacked by sciatica in the left thigh and leg. The most severe pain

was experienced in the calf and at the sacro-sciatic foramen. After unsuccessfully treating the case for twelve days with sinapisms, vesicatories, and anodynes, Dr. Greslon injected five drops of a twenty-five per cent. solution of nitrate of silver into the deeper tissues of the calf, at the most painful part. The injection was attended by violent pain, and followed by the formation of an abscess, which was opened at the end of a week. A few days later, the neuralgic pains had completely ceased in the leg. Eight drops of the same solution were then injected over the sacro-sciatic foramen. No abscess ensued, but an inflammatory exudation occurred, and discharged, six days after the puncture, some sero-sanguinolent matter. A week later all pain had disappeared from the limb. The patient has had no relapse of the sciatica.—*London Med. Record*, Feb., 1882.

THE POSSIBILITY OF DISTINGUISHING HUMAN BLOOD FROM THAT OF THE OTHER MAMMALS.—From a careful study of the comparative sizes of the blood-cells of different animals, and their behavior with different reagents, M. VIBERT believes that it is impossible to say positively that a spot is formed by human blood; probability only can be ventured on. Occasionally it may be stated that the blood is from other than man, but only when the blood making the spot is from an animal having much smaller cells than man.—*Journ. de Méd. de Paris*, Feb. 18, 1882.

TREATMENT OF DIPHTHERITIC CONJUNCTIVITIS.—Guided by the success obtained by Prof. Bose in the treatment of diphtheria of the throat and of wounds, by means of a four per cent. solution of salicylic acid in glycerine, VOSSIUS employed the same application in a bad case of conjunctival diphtheria, and with unexpectedly good results (*Klin. Monats. für Augenheilk.*, November, 1881). Applications of ice and frequent cleansings with solutions of carbolic, boracic, and salicylic acids, had been used without benefit. There were great chemosis and swelling of the lids, with extensive ulceration of the cornea. The glycerine solution of salicylic acid was painted every half hour upon the conjunctiva; improvement commenced at once, the swelling subsided, and the corneal ulceration healed. The eye recovered completely from what had been, to all appearance, an almost hopeless condition. It was noticeable that the stage of purulent discharge, through which such cases commonly pass, was absent in this instance, and that the very extensive and dangerous ulcer of the cornea healed without leaving any scar sufficient to cause impairment of vision. The patient was a little girl aged two years; the diphtheria affected the fauces in the first instance, the eyes later.—*London Med. Record*, Feb., 1882.

POLYURIA IN CONVALESCENCE FROM TYPHOID FEVER.—Dr. SPITZ, from the observations of several instances of polyuria occurring in the convalescence of typhoid fever, concludes that polyuria occurs in about fifty per cent. of the cases of typhoid fever, ordinarily at the close, and may last until the sixth week, but it also occurs when any marked febrile intermission is produced artificially. He has found no organic cause of the increase of urinary secretion.—*Deutsche Med. Woch.*, Feb. 18, 1882.

TARTAR-EMETIC IN CHOREA.—MALHERBE, of Nantes, has published, in the *Journ. de Méd. de l' Ouest*, a paper tending to show that, notwithstanding the satisfactory results obtained by certain new remedies in chorea, tartar-emetic should retain an important place in the treatment of that disease. Emetic doses are quite sufficient. Thus administered, tartar-emetic produces its effects, especially in cases where the choreic spasm attains a high degree of intensity; and, if it do not always definitely cure, at least for a certain time it removes the danger. M. Malherbe recommends the simultaneous employment of large doses of morphia, either by the mouth or by hypodermic injection. For example, 10 or 15 centigrammes (1½ to 2¼ grains) of tartar-emetic should be given in the morning, and in the evening from two to four teaspoonfuls of syrup of morphia, or one, two, or three centigrammes of this substance in injection. This treatment was employed upon a girl, aged twenty-three years, who had been affected with chorea for two years, and who came into the hospital with a severe recrudescence of all the symptoms, accompanied also by hysterical manifestations. An emetic draught of 15 centigrammes of tartar-emetic was prescribed, in the first instance, to be taken every five minutes; also a hypodermic injection of one centigramme of hydrochlorate of morphia, and an enema with four grains of bromide of potassium. The vomiting was copious; the second morning, the choreic movements had greatly diminished. The treatment was repeated two days afterwards, then at variable intervals; and the same improvement always occurred. The patient left the hospital, not cured, for her chorea seemed to become chronic, but much improved. M. Malherbe quotes this case, because it clearly shows the powerful action of tartar-emetic on the choreic spasms. It was never necessary to administer the medicine for several days in succession. He also quotes the case of a young girl, in whom, notwithstanding the means employed, the disorder of the muscles had arrived at such a stage of violence, that he had given directions to have a wadded case made to preserve the patient from the danger of external concussions. Two emetic doses of tartar-emetic, given at forty-eight hours' interval, assisted by large doses of morphia, seemed to have no effect; while, after a third emetic, a considerable soothing took place, and at the end of three days, all choreic movement had disappeared.—*London Med. Record*, Feb., 1882.

ANOTHER DANGER FROM THE USE OF IODOFORM.—In the *Deutsche Med. Woch.*, February 18, 1882, Dr. ASCHENBRANDT gives an illustration of another danger attending the use of iodoform: that is, its liability to produce extensive pneumonia by its irritant action on the pulmonary surfaces. He gives three cases where extensive and fatal pneumonia was produced in cats by the use of iodoform applied as dressings to wounds in the neck, and one case when pneumonia was also caused by causing a cat to inhale for an hour iodoform vapor mixed with air.

SYMPHYSEOTOMY.—Dr. MORISANI gives statistics of fifty cases, in which symphyseotomy has been performed at Naples on 48 women. In two cases, the operation was performed twice on the same subject. Of these, 40 mothers survived, 10 died; 41 children survived, 9 died. Sometimes the operation had been performed some time after the beginning of labor, and in several cases the child had been treated to other different manœuvres and operations before the operation of dividing the symphysis pubis was resorted to. The diameters of the pelvis varied. In 12 cases the conjugate was 81 millimetres; in 16 it was 74 millimetres; in 7 it was 69 millimetres; in 13 it was 67 millimetres; and in 2 cases it measured only 61 millimetres; but these were exceptional cases. The operation thus ranged between 81 millimetres and 67 millimetres. The only operation, in the opinion of Dr. Morisani, which competes with symphyseotomy, is embryotomy. Tibone lost 21 mothers out of 100 after embryotomy. Chiara lost 24 mothers in 100 such cases. He compares these figures with 10 deaths out of 50 cases of symphyseotomy, and remarks

that the mortality among the mothers is less, and that, whilst by embryotomy all the children were destroyed, 41 out of 50 fœtal lives were saved by the division of the symphysis. The method resorted to by Morisani, in performing symphyseotomy, is as follows: A small, crotchet-shaped, blunt-pointed knife, curved, and cutting on its concaved edge, is used. It is known as the *falcetta di Galbiati.* An incision of from 3 to 5 centimetres is made just above the symphysis pubis. The articulation is gradually reached, the *falcetta* is slipped along the posterior surface of the symphysis, and, once the lower edge of the symphysis is reached, the cutting concavity of the instrument is hooked under the interpubic cartilage, which is then cut through from below upwards. If the uterine contractions are strong, the expulsion of the child is then allowed to take place spontaneously. If they are feeble, or the head does not descend, the forceps is applied. Lastly, the wound is dressed, and immobility of the pelvis secured by an appropriate bandage. The operation of symphyseotomy has been performed in the obstetric clinic and maternity ward of the hospital for incurables at Naples. The period traversed is from 1868 to the end of December, 1880. The chief operators were Novi, Martini, and Morisani.—*London Med. Record*, Feb., 1882.

RESECTION OF THE UPPER JAW.—At a recent meeting of the Société de Chirurgie of Paris, M. POLAILLON read a report of a work by M. COLOMBAT, of Marseilles, on this subject. The author is of the opinion that tracheotomy and ligature of the carotid may be dispensed with, and favors the internal incision either alone or combined with the external. For dividing the bone the cutting forceps are recommended, and the author only employs the chain-saw when there is great resistance; he insists upon the favorable character of the prognosis. In order to avoid suppuration of the eye, he proposed to suture the eyelids together until the floor of the orbit has been replaced by cicatricial tissue.—*Revue de Thérapeutique*, Feb. 15, 1882.

A BULLET THAT HAD LODGED IN THE HEAD FOUND TEN YEARS AFTERWARDS IN THE LARYNX.—Dr. FAUVEL contributes the following curious case (*Revue Mens. de Laryngol.*, Oct., 1881.) The patient, ten years before, had received a gunshot wound under the left eye; and medical opinion was divided as to whether the bullet had remained in the head or not. For three months, pus and small pieces of bone were discharged through the mouth. The man had since suffered, at frequent intervals, from acute pain in the head and jaws, and his general health was impaired. Seven months ago, he first felt pain in the throat, and in the jaw near the temporo-maxillary articulation and left ear, with pricking sensations, which he compared to a needle plunged in the ear. Later on, the same pricking sensation and pain were felt in the left side of the larynx. There were expectoration of blood, cough, hoarseness, trouble in swallowing, and finally aphonia. Liquids could scarcely pass. At this crisis laryngoscopic examination was made, and a dark, irregular, lobulated, fungating-looking mass was discovered, filling up the left half of the glottis and concealing the greater part of the left vocal cord. The other parts of the throat were normal. The tumor most resembled a melanotic growth; but, in consideration of the rarity of such growths in this situation, it was thought rather that the patient was suffering from the ulcerative stage of laryngeal phthisis. But afterwards, as the tumor increased in size, and seemed very firm and resisting to the touch, it was diagnosed as osteoma, and its extraction decided on. Attempts that were made to remove it were not at first successful. The patient passed the night in coughing and vomiting; and, during a fit more violent than the rest, expelled a heavy, hard body, which proved to be a bullet. From this date the patient recovered his voice, and all pain and trouble in swallowing disappeared. Nothing could be seen of the tumor, except the slight scar where the bullet had passed through. On rhinoscopic examination, some small perforations in the upper part of the naso-pharynx were discovered. Dr. Fauvel, after remarking upon the difficulty attaching to the diagnosis of this case, says that it is equally difficult to explain the manner in which the ball passed downwards into the larynx. He suggests that, having entered apparently below the malar bone, the bullet penetrated obliquely between the ascending ramus of the inferior maxillary and the superior maxillary bone, and became lodged in the basilar process of the occipital bone, in front of the vertebral column, and behind the pharyngeal aponeurosis. The ball, instead of becoming encysted, was probably set free by the surrounding bone becoming necrosed, which would account for the discharge of the pus and spiculæ of bone, and the perforations in the naso-pharynx afterwards seen by the rhinoscope. Yielding to the force of gravity, it then slowly descended in front and to the left of the vertebral column, being concealed from view, first, by the veil of the palate, and afterwards by the posterior pillars of the fauces. When it reached the base of the tongue, it changed its direction, and, passing forwards and downwards, became lodged in the left ary-epiglottidean fold.—*London Med. Record*, Feb., 1882.

IODOFORM POISONING.—From a careful study o f the mode of production of symptoms of poisoning by the use of iodoform, Dr. ANTON BUM concludes:

1. That iodoform becomes poisonous when iodine remains uncombined in the system.

2. This can occur either when iodoform is given in excess, or when there exists a qualitative or quantitative change in the blood, and especially when conditions exist together.

3. Therefore, large quantities, or the repeated use of small amounts, of iodoform are to be avoided, especially in anæmic or very young or old individuals.

4. The iodoform dressing should be changed as seldom as possible, so as to avoid cumulative action.

5. Since absorption is, without doubt, accelerated by pressure, the dressings should never be tightly applied.—*Wiener Med. Presse*, Feb. 19, 1882.

A CORRECTANT OF THE ODOR OF IODOFORM.—OTTO RUETZ (*Pharm. Zeitung*, No. 94) finds the substance best adapted for diminishing or concealing the disagreeable odor of iodoform to be the oil of thyme, to which a little thymol may be advantageously added. It is preferable to oil of peppermint, oil of bitter almond, etc., and, as an example, it is stated that for a solution of from one to two grammes of iodoform in thirty grammes of collodion, the addition of one decigram thymol is sufficient.—*Amer. Journ. of Pharm.*, March, 1882.

ERGOTINE IN PHARYNGITIS.—*La Revue Mens. de Laryngol.* points out a therapeutic method which is capable of giving good results in chronic pharyngitis with exaggerated development of the veins of the pharynx and muco-purulent secretion. The following lotion should be profusely applied, twice a day, over the pharynx by means of a camel's-hair pencil: Ergotine, 15 grains; tincture of iodine, 1 drachm; glycerine, 1 ounce.—*London Med. Record*, Feb., 1882.

DIABETES INSIPIDUS.—In the *Canada Medical Record* for February, 1882, Dr. C. A. WOOD reports two cases of diabetes insipidus, one of which was cured by ergot, and the other recovered without other than hygienic treatment.

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PERITONEAL TRANSFUSION.

THREE years ago Ponfick proposed (*Berliner klin. Wochenschrift*, 39, 1879), to substitute for the ordinary mode of transfusion—peritoneal transfusion—which consists in injecting defibrinated blood not into the vessels directly, but into the peritoneum. The operative procedure employed by Ponfick is simple: it consists of a glass funnel, having a rubber tube terminating in a cannula, attached. The blood, defibrinated, is poured into the funnel—the cannula having been attached after transfixing the walls of the abdomen in the usual way, with the trocar—and is allowed to flow into the cavity. Both the blood and the apparatus must be warmed to the temperature of the body. The quantity of blood poured into the cavity at a time is from six to eight ounces. When the transfer of blood is completed, the cannula is withdrawn, and a bit of adhesive plaster put over the wound. Ponfick has not observed any appreciable ill result from this operation. The advantage which he attributes to it, is the slow absorption of the blood, whence the patient is preserved from acute cerebral, pulmonary, or cardiac congestion.

Soon after Ponfick had published an account of his new method, Bizzozero and Golgi, two eminent Italian physicians, undertook calorimetric observations, at the time when the blood was injected into the peritoneum. They studied, also, the influence that the act of injection exercised over the globular richness and the quantity of hæmoglobin in the blood, of the individual transfused. These researches were made on rabbits. To demonstrate the globules, the experimenters used the chromocytometer of Bizzozero. They ascertained that the blood injected into the abdominal cavity is absorbed with great rapidity; in twenty minutes after the injection, the richness of the blood in hæmoglobin is increased. This increase attains its maximum thirty to forty hours after the injection. The effect persists for twenty-seven days. It was much more rapidly produced in those animals who had suffered the loss of some blood by phlebotomy.

Notwithstanding the results of these researches are decidedly in favor of the peritoneal transfusion, the practice of Ponfick has not had thus far many imitators. There have been published three cases in which peritoneal transfusion has been performed in man, and one of these is adverse to this innovation. Two of the cases were reported by Golgi and Raggi. In one of these, the two physicians injected about ten ounces of defibrinated blood into the peritoneal cavity of a cachectic dement. Not only did the transfusion improve the physical condition of the patient, but also ameliorated his mental state. In fifteen days the richness of the blood in hæmoglobin rose from 35.8, where it was before transfusion, up to 57.9. Encouraged by this first success, Golgi and Raggi had recourse to peritoneal transfusion in an insane man who had an obstinate diarrhœa. They threw into the peritoneal cavity about eight ounces of defibrinated blood, taken from a young and robust man. An improvement was almost immediately produced in the general state. After some hours the skin and mucous membrane were more colored, and the patient, who had been on his bed for six months, was able to rise without assistance. His digestive functions assumed a better state.

The third case, reported by Prof. Mosler, of Greifswald, goes to show that peritoneal transfusion has its dangers, consisting in an inflammation of the peritoneum. Mosler (*Deut. Archiv. für klin. Woch.*, vol. xxviii., p. 476), proposed to himself to study the effects of repeated peritoneal transfusion. The first case on whom he tried the method of Ponfick, was a young man of twenty-seven years of age, affected with splenic leucocythemia. This patient had submitted without inconvenience to sixteen injections of Fowler's solution, thrown into the parenchyma of the spleen, which had lessened in size under the influence of this medication. The extreme degree of anæmia in which he found the patient, appeared to Mosler a pressing indication for transfusion. He decided to perform peritoneal transfusion. On the 8th of December, he introduced into the cavity, properly disinfected, about one ounce of defibrinated blood. After removing the cannula, he applied an antiseptic dressing, and over it, a vessel of ice. To further insure against the occurrence of peritonitis, he administered some extract of opium morning and evening. The patient suffered little pain, and neither blood, nor urine, underwent any appreciable modification. On the 21st of December, he transfused, progressively, about

four ounces of defibrinated blood. The cannula was inserted in the linea alba, about two and a half inches below the umbilicus. A slight elevation of temperature was then noted, and during the night, the patient complained of increased pain at the place of puncture. In the morning, the internal temperature was 103.2° Fahr., and the pulse 128 to the minute, and there were present all the signs of peritonitis. The action of the heart became irregular, and a violent dyspnœa came on. The patient died in the night of the 25th of December, four days after the injection. At the autopsy a diffused peritonitis, an enormous spleen, and a liver presenting the evidences of syphilitic hepatitis, were found. The precautions taken by the operator prevented any mishap, and peritonitis, hence, was not a result of the operative procedure. The blood, of human source, and healthy, had been defibrinated with great care; the intestines had not been wounded. The result seemed by Mosler to be due to the repetition of the transfusion. It would, hence, appear that the contact of the serous membrane, with a liquid coming from without, excites an irritation which may pass into an inflammation if several times repeated.

We may, therefore, conclude with Mosler, that peritoneal transfusion, when repeated at short intervals, constitutes a dangerous method of medication, and is contra-indicated when visceral lesions dispose to peritonitis. Transfusion is at best but a palliative. It is very useful after acute hæmorrhages, to furnish to the hæmatopoietic organs, remaining sound, the stimulant necessary for the maintenance of their functions. In cachectic subjects, suffering from an incurable affection, all kinds of transfusion are not only useless, but also more or less dangerous.

The ill-success of peritoneal transfusion in Mosler's case, is so plainly attributable to the bad condition of the patient, and to the repetition of the operation, that it cannot justly be alleged against the new procedure. The points in its favor are the facility with which the operation may be performed, and the promptness with which the transfused blood is utilized in the performance of the hæmatopoietic functions. If it be shown in the future that peritonitis does not result from it in proper subjects, the method of peritoneal transfusion ought to be employed by preference in all cases requiring the substitution of blood.

In this connection, it may be well to quote the conclusions of MM. Bizzozero and Golgi:

1. There can be no doubt that blood injected into the peritoneum unites with the general mass of the blood. This fact is demonstrated by a comparative examination of the richness of the blood in hæmoglobin before and after the operation.

2. The period during which, following the injection, it determines a progressive increase in the hæmoglobin, is comprised between an hour and a half and forty-eight hours.

3. The artificial increase of hæmoglobin is, within certain limits, proportional to the quantity of blood injected.

4. Differences are observed in the mode in which the increase of hæmoglobin is produced, according as the animals are normal, or have been blooded previously.

5. The direct, microscopical examination of the blood of the transfused animal, proves that there is nothing abnormal in the form, size, appearance, or agglomeration of the globules.

PLASTER OF PARIS AS A MATERIAL FOR SPLINTS.

THE wide-spread employment lately of plaster for jackets in spinal deformity, has made the profession familiar to a large extent with its properties and its usefulness as a dressing. But, absorbed in its local application, we are apt to forget that it has a much wider field than a single disease. Though long since brought to the attention of the profession, we are persuaded that its use is not as general as it ought to be, especially as a splint in many fractures and in diseases of the joints, and particularly among practitioners in the country. A splint, in a case of fracture, is of course a temporary means to hold the fragments of bone in place until Nature can apply *her* splint—the provisional callus—itself in turn a temporary splint, which she strives to remove as soon as the bones are definitively united. The chief trouble with our splints is that they do not hold the bones absolutely at rest. No wooden, or pasteboard, or wire, or leather splint applied by bandages does this completely, and moreover the padding is at least apt to be too thick in one place or too thin in another, and so press unequally by reason of the absence of exact adaptation to the contour of the limb. Again, if other materials, such as starch, silicate of soda, dextrin, albumen, etc., be employed, the trouble is that the fragments have every chance to become displaced during the long period of solidification. If, however, plaster be used, and especially if an anæsthetic be given, as ought to be done in the majority of cases, the fracture may be accurately reduced, the plaster dressings be applied, and continous extension be maintained without any difficulty until the plaster has set, and the well-adjusted fragments are retained almost entirely at rest in the proper position.

That it has disadvantages goes without saying, for what method or appliance is perfect? It is untidy in its application, but extra need of soap and water is not to be pitted against any advantage to the patient. That it is somewhat heavy is true, but it is often made needlessly so; and where it is desirable to avoid weight, it can be divided longitudinally, sprung off the limb, and an exact repro-

duction in some lighter material, such as felt, can be obtained. The resiliency of plaster is scarcely appreciated. The edges of a plaster jacket can be as readily sprung apart, and the jacket be removed without breaking, even from the trunk, as if it were of leather. It is urged, also, that it prevents evaporation; but this is a total error, save when it be varnished, which ought never to be done. Not the least of its advantages is the equable pressure it exerts if applied at once in fracture. Many practitioners, we know, are afraid of precisely this pressure on an injured part rendered inaccessible by a plaster splint. But *experientia docet*—"experience does it"—and a few fair trials we think will convince the doubter. Clearly, too, from what we have already said, the part is not inaccessible, for the bandage may be divided and reapplied by a dry outer bandage as often as desired, or it may be applied in pieces as real splints. Moreover, the foot or hand, with the presence or absence of pain, will usually be an excellent guide as to the condition of the injured limb.

In compound fractures, though less generally useful than in simple, it still finds its place. It may be used only as a posterior splint, or if it completely surrounds the limb a window must be cut over the site of the external wound, and the margins suitably padded with tow or cotton, or other material. Or a box may be applied over the fracture and the bandage applied all around the box, which on removal will leave the wound accessible. It will thus be found an invaluable means of adjustment in many such cases.

In bruises, sprains, and similar injuries, and in diseases of the joints in which absolute rest and, it may be, equable pressure are required, it will be found invaluable either for a prolonged application or for temporary use as a means of obtaining its counterpart in felt or other like material.

Its application is most commonly made by ordinary roller bandages. These should be of cheese-cloth or any similar material, with loose meshes, as loose as the finer mosquito-netting. The plaster may be rubbed into the bandage, or the bandage be passed through the plaster in a long envelope-box by slits at each end. The bandages, of suitable width and length, loosely rolled, and made with the best and finest plaster, should be kept in a pasteboard or, better, in a tin box, to keep out the moisture, and after being placed end up in a basin of water for a couple of minutes, are ready for use. Before the first plaster bandage is applied the limb should be protected either by a dry bandage or by a sheet of cotton wadding. The Bavarian method will be found described in most modern text-books. If separate splints be desired, and they are rapidly and deservedly growing in favor, they may be made of two or three duplicate layers of flannel of a suitable size and shape, only the outer one or two being soaked in the plaster, the inner serving as a soft padding. An outside bandage coapts and retains the whole in place, and allows of its ready removal either partially or wholly.

In *The Medical News and Abstract* for last February we gave a short account of a substitute for plaster called Tripolith, which is said to be lighter and cheaper than plaster, to set more quickly, and, after it has once set, it may be softened with water and readjusted, and will then again become rigid, thus fitting it peculiarly for surgical use. But we do not know that any one in this country has yet tried it. If so, we should be glad to learn with what success.

PUBLIC VACCINATION.

IT is very hard to convince the average councilman or alderman as to what is the object of public, gratuitous vaccination. Boards of Health, when applying to the civic authorities for funds to carry on the work of public vaccination, are constantly met with the objection that many will avail themselves of the privilege who are well able to pay for it. Many physicians also confound the object of public vaccination with that of those pernicious examples of charity run mad, modern dispensaries, and contend that by free vaccination they are deprived of a part of their living. So strong and influential is this feeling, that, as was announced in our columns a few weeks since, Cincinnati gave up, or at least rigidly restricted, free vaccination, on account of the number of well-to-do persons who presented themselves to the public vaccinators.

In reality free vaccination stands upon an entirely different plane from other public or gratuitous medical relief, for while the individual benefits by it, the aim is prophylactic and for the general good, quite as much as any other procedure of State medicine, such as steps taken to prevent an epidemic of yellow fever or cholera.

Few educated physicians doubt that could vaccination and revaccination be rigidly enforced by a compulsory law, small-pox would well-nigh disappear, but in view of the fact that such legislation seems to be opposed to the genius of our American usages, and appears (for it is only in appearance) to restrain the liberty of the citizens, free vaccination offers the best substitute which has yet been devised.

In Philadelphia, and we believe, also, in New York and Boston, the vaccine physicians are stimulated to vaccinate all that apply, or that will submit to the operation, without reference to social standing or financial ability, it being held that the greater the number of properly done vaccinations and revaccinations, the smaller will be the number of cases

of variolous disease. It is a penny-wise policy which seeks to diminish the drain upon the public treasury by limiting the amount of vaccination done at its cost. The expenses attendant upon the existence of small-pox exceed any vaccination appropriation, far beyond the power of statisticians to estimate, and the municipal authorities should do all that is possible to increase the number of vaccinations.

The object aimed at is the good of the greatest number, irrespective of individual benefit. There is no other prophylactic measure of any avail, and all other sanitary measures are utterly futile.

Demosthenes said that the secret of oratory lay in Action! Action!! Action!!! So to prevent small-pox the remedy is Vaccinate! Vaccinate!! Vaccinate!!! and whether the operation is paid for by the public or not, is of small matter, if only thereby the number of properly performed vaccinations can be increased.

FANATICISM AND SENSUALITY.

IN view of the renewed agitation concerning the Mormon question, we have been interested in reading an editorial note in the *British Medical Journal* for January 28, on the subject of "Religiosity and Animalism," by which is meant the association of sexual excess, not with religion, but with the perverted or exaggerated religious ardor usually known as fanaticism. That there is, apparently, some such relation is a fact observed and recorded as long ago as 1800, as shown in the editorial above mentioned by a quotation from Robertson's *Charles V.*, which attributes to sensual gratification and to extremes of enthusiasm a similarity of constitutional cause. In our own day Mr. Spurgeon is reported to have called attention to the "strange but certain law" by which "excess of spirituality is placed next door to sensuality."

Isolated cases, apparently confirmatory of this assertion, are of frequent occurrence; indeed, some of them in this country have been topics of wide-spread interest. In Mormonism, however, we see its workings as manifested in a large body of weak-minded and misled individuals, whose unbalanced and uncertain mental processes have been dominated by a few unscrupulous demagogues, and directed into the channel towards which by this law they would at any rate naturally tend.

That there is among the masses who make up the Mormon community a substratum of intense though irrational religious fervor and an ardent belief in the teachings of their prophets, no one can for a moment doubt after having seen their vast Tabernacle packed with a congregation who were moved to tears, to laughter, to enthusiasm, or, most searching of all tests, to generous subscription, by the exhortations of Brigham Young and his associates.

When, however, from powerful or protracted mental strain and exaltation in persons of naturally weak cerebral faculties, the higher functions of the brain become inoperative, self-control is weakened, and reflection and judgment perverted, it is hardly to be regarded as a mystery that the most powerful of the lower impulses should take that opportunity of asserting itself; and it is, therefore, not to be wondered at that "there is, and always has been, an undoubted coexistence of religiosity and animalism."

Among recent examples of the association of erotic tendencies with real or assumed pietistic excesses, which are a parody on true Christianity, Guiteau furnishes the most conspicuous instance. A lecturer on the second coming of Christ, the author of a companion to the Bible, and a would-be religious exhorter and revivalist, he at the same time held the most promiscuous associations with women. Hereditary influences in this direction were not wanting, as his father is said to have been "a religious fanatic devoted to free-love socialistic teachings for the last thirty years of his life." Dr. Folsom, of Boston, in an article on the responsibility of Guiteau, in the *American Law Review* for February, states that "he always assumed the character of an excessive religionist, without any real reverence or true morality, while his relations with women were so impure that he contracted disease thereby more than once, and his ordinary pious talk often seemed like the worst blasphemy." Other sexual aberrations of a still more noticeable character were attributed to him during his late trial and were not denied.

To determine just where such a state passes into legal insanity is a problem of great complexity; but that the two conditions are akin, and are in his case, as in others, associated with a deficiency or disturbance of mental balance, can hardly be questioned.

HOW THE PROFESSION IS USED TO BE ABUSED.

PHYSICIANS have themselves to thank, sometimes, for an apparent lack of consideration exhibited towards the profession. They allow themselves to be used to forward the purposes and schemes of individuals and corporations. Does a company own a barren waste of wilderness, they purpose to convert it into a health resort, and with that view arrange an excursion of physicians, who, after a dinner at the proposed resort, are expected to organize a meeting, and give utterance to their enthusiastic opinion of the extraordinary salubrity and climatic advantages of the new place. Does a company, or a clique of political operators, propose a new water-supply, the physicians of the city or town are gradually worked up, resolutions are introduced into the principal medical society, and the water scheme is thus effectively supported. Does a hotel keeper open a

new seaside hotel, he contrives to induce a number of physicians to go to his place, to eat a dinner, and then to praise the healthful situation of the hotel, its sanitary arrangements, and especially the admirable provisions for water-supply and for drainage. In these, and in numerous other ways, the medical profession is made use of, its independence and dignity of conduct lowered, and its honesty of purpose impugned. The people who profit by the unsuspicious good nature of physicians secretly laugh over it, and are to be found in any real question of importance to the medical profession, combined against them. If men wish to bring forward a wilderness as a health resort, or a new water-supply, or to publish the healthfulness of a new hotel, they ought to pay for a proper sanitary survey. Not to speak of the loss of dignity, the dinner they give, and a free railroad ride, is rather poor compensation for the opinions of a number of physicians. When the place, or the scheme, has been properly advertised, physicians will find that they are no longer required.

PEPPERMINT, VALERIAN, CATS, AND SEWER GAS.

THE above *olla podrida* was tried in Hoboken lately. A woman, suspecting that a leak in the pipes was the source of a sewer-gas smell, and having appealed in vain to the owner, tried the excellent plan of pouring some oil of peppermint into the third-story wash-basin. The odor appearing in the parlor, pointed to a leak behind the parlor closet. This experiment failing to convince the landlord, she next tried a similar experiment with valerian, and then let loose two enterprising cats, whose search for the source of the to them delightful odor, led them to the same closet as before. The still incredulous landlord was, however, finally persuaded to investigate the plumbing, and found that the cats were right; the pipes leaked badly. We commend this new and valuable use for the cat to Mr. Bergh, as a more rational vent for his enthusiasm than his crusade against vaccination and vivisection.

WHEN criminals are acquitted on the plea of lunacy, surely they ought to be securely confined, lest they escape to perpetrate additional crimes. Very evidently, "stone-walls do not a prison make" in Harrisburg. Laros, the Easton prisoner, was sent to the Harrisburg Insane Asylum in 1876, from which, in six years, he has escaped three several times. Luckily, his worst offence while at large has been—marriage! He has not poisoned any one else, but it is no thanks to the easy guardians of the Harrisburg Insane Asylum. We trust they will look to their gates and walls hereafter, lest a second and worse crime follow the first.

REVIEWS.

HOME AND CLIMATIC TREATMENT OF PULMONARY CONSUMPTION ON THE BASIS OF MODERN DOCTRINES. By J. HILGARD TYNDALE, M.D., ETC. pp. 174. New York: Bermingham & Co., 1882.

Our author has a big contract, but he undertakes it confidently. "The future path to be pursued in therapeutics of consumption," he says, "is to endeavor to bring nutrition to the highest point attainable, and retain it there long enough to enable us to pursue a systematic course of antiseptic treatment of the general condition, laboring under chronic septicæmia, as well as of the local lesion. Such a system, carefully planned in all its details, I have been carrying out for some time. As yet my statistics are in their infancy, but as the system is carefully elaborated and founded on a rational basis, I feel confident of the future."

A diligent search through the book has failed to disclose this system. He treats of the home and climatic management of consumption in a series of letters to a friend, "in greater part," the therapeutical part being preceded by a chapter on the pathology of consumption. This is his definition of pulmonary phthisis: "It stands as the collective expression, the highest potency of a number of more or less chronic inflammatory processes of the lung, which, having failed of restitution to the normal condition at an early period, lead in their further course to proliferation and shrinkage of connective tissue with or without pigmentation and bronchiectasis, to calcification or to progressive destruction of their cheesily degenerated infiltration, and the formation and rapid dissemination of tubercle, either independently or in connection with the preceding conditions."

Such is a fair sample of his style—stilted, inaccurate, confusing, and pretentious. A favorite word is "factor," which he is never tired of repeating. "The chief factor in correct comprehension and successful treatment is the individual capacity for giving to each of the three factors of therapeutic conclusion: Fixed laws, empiricism, and hypothesis, their due in each case." He speaks of "meteorological factors," of "terrestrial factors," we suppose because he does not consider meteorology as a terrestrial subject, and of "nature's factors;" "artificial factors;" "ideal factors," etc.

The author appears to be a specialist who has never been a physician. For constipation he advises from one-fourth to one-half a grain of podophyllin, by which he probably means the resin, $\frac{1}{80}$ of a grain of atropia, and two grains of aloes in a pill at night (p. 43). As an expectorant he prescribes, benzoic acid, gr. v., and sulph. aurat, gr. i. (sic.) every three hours (p. 84). For night sweats he advises, $\frac{1}{80}$ grain of atropia subcutaneously at bedtime. Amongst other remarkable recommendations, we select the following:

The question of washing for cleanliness "is one in which the physician must strictly individualize." He recommends in italics, that "*every female consumptive should be carefully examined as to the condition of her genital organs.*" He informs us that "*the function of the lung is the effect of the labor of other organs.*"

The type and paper of the book are good, but the text is disfigured by numerous misprints. There is a good deal of information in the book, but very badly expressed, and often so put as to be very misleading. The author refers to another book, "my forthcoming publication, *Present Status of the Pathology of Pulmonary Consumption.*" The quotations given of his pathological views from the present book afford us indications of the choreic jactitations, and the ataxic confusion of wording in which he, no doubt, indulges.

These are books to impress consumptives with the notion that a new specialist of wonderful endowments has appeared above the horizon of the universe. This new prophet is to cure them all, also, for has he not some newly-developed "system" of treatment?

OPIUM-SMOKING IN AMERICA AND CHINA, ETC. By H. H. KANE, M.D. pp. 156. New York: G. P. Putnam's Sons, 1882.

In the preface the author gives an account of the sources of his information regarding opium-smoking in this country. Some of the smokers came to his "Home," and two of his male nurses smoked to permit him to observe the symptoms produced. "Finally," he says, "I smoked myself a number of times, both in large and small amounts, and often to decided excess, so that I might be the better able to fully understand the subjective symptoms." Amongst the persons from whom he acknowledges the receipt of information are "Mr. Tom Lee, Chinese deputy sheriff; Ah Sing, keeper of a 'joint' in Mott Street; Senator Jones, of Nevada, and Dr. William Simpson," etc.—a curious collection.

Opium-smoking began in California, in 1868, and has since been carried on in various cities. He says that to-day there are many places for smoking, and three hundred smokers in New York. But few towns, now, he thinks, are unprovided with "opium joints," the establishments where this practice is carried on. Dr. Kane has himself done much to popularize the practice. Through his sensational articles, illustrated by cuts of pipes and other "smokers' necessaries," in Harper's and Scribner's Magazines, and elsewhere, Dr. Kane has contrived to familiarize many people with the subject. As he has a "Home" for the treatment of the opium habit, he dutifully provides a remedy for the evil which he may indirectly create. Indeed, he has constructed a "joint" in his own house, "where I had every facility, having purchased a full 'lay out,' and had a Chinese bunk erected in my office" (p. 51). At first smoking produces pleasurable excitement, but after some months the habit is kept up merely to relieve the unfortunate victim of the horrible sensations produced by the want of it. There is no difference in the effect of opium, whether taken by the stomach, subcutaneously, or in smoke, except in the rate with which the effects are produced. In smoking, the action seems to be intermediate between the stomachial and subcutaneous administration. But smoking is wasteful. The ash contains a portion of the alkaloids. The habit is not less not more hurtful than the use of opium in other ways, and moderate indulgence may not necessarily do any mischief of consequence. But our author has a "Home," and he treats cases successfully. A very hard case "was in the De Quincey Home just four days, and under treatment but ten. He was broken of his habit thus speedily and effectually with almost no suffering. . . . After leaving me, he gained very rapidly in flesh, and is to-day free from the vice, and has absolutely no craving for the drug. . . . Others that I have since treated have gone through in the same easy and rapid manner." Further on, he informs us that opium smokers, like opium and morphine takers, can only be reliably and satisfactorily treated in an institution where they can be watched and restrained, day and night, for at least two weeks. That institution, reader, is the De Quincey Home, and such is the motive of the book, addressed alike to physicians and to lay readers. The final chapter is on the opium traffic between India and China, which has but a distant relation to the subject of the book, except to make it more interesting to the public.

CORRESPONDENCE.

EFFECTS OF VACCINATION.

To the Editor of THE MEDICAL NEWS:

SIR: As you are perhaps aware, the Board of Health of this State made it obligatory to vaccinate by January 1, 1882, all children sent to school, and unless they had a certificate of successful vaccination they could be expelled. This order, in connection with cases of smallpox that sprang up at different points over the State, produced a wide-spread desire to be vaccinated. Not only scholars, but adults, and children under school age, in large numbers, were vaccinated. It is to the effects of the vaccination of this winter that I wish to call your attention. Whether it was owing to the condition of the virus, or idiosyncrasy of the patients, I am unable to tell, but from some cause the vaccine disease in some cases was very severe.

The virus that I used was bovine, and obtained from a reliable house in Chicago—a firm that only deals in first-class goods. But it matters not where the virus was obtained, the effects were, so far as I have heard, the same throughout this section of country. Dr. Rice, in the *Chicago Medical Journal and Examiner* for February, relates an experience a good deal like my own. He says that "about one in ten of all vaccinated have bad arms, with a high grade of fever, and eruption resembling somewhat that of *rötheln* or German measles." I have seen but three cases of this "confluent" eruption, that is, if eruption it can be called, for it came out in splotches or irregular patches, from head to foot, leaving healthy-appearing skin at intervals. They were not perceptibly raised above the normal skin, and were in some places of a purplish color, in others of nearly a scarlet hue.

The arrangement of these patches was similar to that of urticaria, but had not the burning and itching common to that affection. There were a few cases in which the true vesicular eruption, common to vaccinia, came out on the vaccinated arm.

One of the three cases of peculiar eruption, before mentioned, was a young man of probably eighteen. He was confined to the house for a week, and during this time had fever of a moderate type. He complained greatly at the first of aching of back and bones; he also had a chill. At the end of the week the eruption faded, and by the end of the next week desquemation set in, as he became convalescent.

The other two cases of this kind were children. One of four and the other a year of age. These children had only a mild grade of fever, and so little constitutional disturbance that I believe they did not miss a meal.

This was entirely different with the father of these children; he was confined to his bed for several days, and was unable to do work of any kind for several weeks. He had no eruption, but a very sore arm. At the point of vaccination the vesicle enlarged to the size of a half dollar, and when the crust came off, at the end of the second week, it left a deep pitted ulcer, which healed slowly under the use of carbolized ointment.

I have seen other arms that looked as bad as this, the arm being as badly swollen and the vesicle as large, yet not the same constitutional disturbance. At the end of the first week a fever for several days would set in, but after perhaps a week the patient would be around again and ready for business.

Rather a peculiar case was that of a teacher. She had a chill and high grade of fever the tenth day after vaccination. The arm was very much swollen, the vesicle very large. There was much stomach trouble, vomiting, and nausea. After about twenty-four hours

the fever and stomach trouble subsided, and during the week the arm got better; but at the end of about three weeks after vaccination one of her eyes became inflamed, and about a week from this the other. This last complication compelled her to dismiss school. She said she never had sore eyes before, and as there were no cases for her to receive the contagion from, I strongly suspected the ophthalmia was a sequel of the vaccination.

Another curious condition witnessed in one case and heard of in others, was, some time in the second week, during the height of the inflammation, a hæmorrhagic condition, which extended over part or nearly all of the vaccinated arm. That is, it had that appearance; looking as though the person had received a blow and extravasation had followed under the skin. This condition disappeared when the active inflammation subsided.

Another case, that of a well-developed, hearty child of eight months, which on the eighth day from vaccination had a high grade of fever, with a scarlet rash that covered it from head to foot. In twenty-four hours from the appearance of the rash there was a sudden retrocession, the child got cold, and a convulsion ensued. A few hours after the convulsion the rash again appeared. There were no more convulsions, and after two or three days of fever the child gradually convalesced. There was no throat trouble in this case; this factor would exclude scarlet fever.

Other cases might be enumerated, but these are fair specimens of the freaks of the vaccine disease that have occurred in this section of country. The severity of some of the cases has strongly prejudiced some people against vaccination. The occasional remark is heard that "I would rather have the small-pox than be vaccinated."

I think had the vaccine disease taken as powerfully in Jenner's time as it did this winter in this latitude, he would have had a great deal of trouble in introducing it among the people.

This account is written in the hope that when it meets the eye of other physicians it may induce them to give their experience this winter in vaccination, especially to see if there are others whose experience coincides with mine.

Yours truly,

D. I. MCMILLAN, M.D.

SUNBEAM, ILL., March 7, 1882.

To the Editor of THE MEDICAL NEWS:

SIR: In the last few weeks almost nine-tenths of our community have been vaccinated, and mostly by bovine virus. We first used points and quills, but being expensive and, we found, rather uncertain, we sent to New York for bovine crusts. These have been used by a number of physicians in this town and vicinity. As a result, in many instances, whole schools have been broken up for from one to four weeks, on account of the severity of the virus; the vaccinated arms were swollen from the shoulders to the tips of the fingers, and presented dark red, sometimes almost black, ulcers, from 1 to 1½ inches deep, and from 2 to 3 inches in diameter, which proved difficult to heal; these often occurred in apparently healthy persons, both old and young. Those who had typical scars were not exempt, but did not suffer so severely, and the disease usually ran a much shorter course. I would be glad to know if this has been the experience of others. Physicians here have had a similar experience.

Respectfully yours,

T. M. ROGERS M.D.

FAIRFIELD, ILL., March 13, 1882.

NEWS ITEMS.

DETROIT.

(From our Special Correspondent.)

THE MEDICAL SCHOOLS OF DETROIT have just closed their winter sessions. The class at the Detroit Medical College numbered 45; that at the Michigan College of Medicine, 74. The entire number of students at the Detroit Medical College, session of 1880–81, was 118; the entire number attending both colleges at the session just closed, was 119. Thus it appears that the establishment of a second college has not materially increased the number of students attending medical colleges in Detroit. The number graduated in 1880–81 was 20; the number graduated at both colleges the present year is 31. Of course the proportion of graduates varies in different years at most colleges.

DETROIT MEDICAL COLLEGE.—No doubt the natural order of the laws governing the development of medical colleges was somewhat modified by the "new policy" adopted at the Detroit Medical College last spring. It will be remembered that at that time the board of trustees refused to be governed by the wishes of the majority of the then existing faculty, in the matter of making additions to the faculty. As the majority of the faculty could not, in self-respect, retain their positions under such circumstances, they withdrew in a body. A new faculty was made up, in all numbering 28 persons, the fees were reduced from $75 to $60, and a board of 30 counsellors was appointed. Thus the College started upon a new career. It is scarcely probable that the full results of these changes are as yet fully manifest.

The gentleman appointed last spring to fill the chair of physiology in the Detroit Medical College, has just tendered to the trustees his resignation, giving as his reason, lack of harmony in the faculty.

The general characteristics of the commencement exercises were essentially the same as in former years, and like those seen at the average medical college commencement. Music, flowers, wealth, fashion, beauty, speeches more or less highly commending the special college honoring the speaker, the conferring of the degrees, sometimes a prayer and sometimes not, all this followed by a banquet, at which the newly formed doctors, for the first time, mingle with their fellow-alumni and doctors, guests of the faculty and alumni. In a specific manner the display of all these elements was, in Detroit, greater than ever before. Certainly no graduate could wish for a more attractive introduction into general and special society.

The schools after a few days of vacation will open their spring sessions, and so their regular work will go on.

THE MICHIGAN COLLEGE OF MEDICINE, during the past year, has established and successfully conducted a hospital in connection with its college building. It has organized an ambulance service, by which all the sick and injured can be quickly and comfortably removed from one part of the city to another. It has established a training school for nurses, the only one in this city. It has bought a number of lots adjoining its present hospital, upon which it intends to erect a number of small hospitals for the care of special classes of cases. It is rumored that changes are to be made in the teaching staff of both colleges, also that some changes will be made in the requirements of the courses of study, etc.

Both colleges are earnestly endeavoring to so adapt themselves to the existing state of things in the profession and general society as to get the largest and best classes of students.

THE UNIVERSITY MEDICAL SCHOOL at Ann Arbor, the oldest medical school in Michigan, is reported as being more prosperous than ever. Its commencement does not take place till the regular university commencements in June.

BROOKLYN.

(*From our Special Correspondent.*)

AILANTUS TREES.—The Common Council have before them a petition calling for the destruction of the odoriferous ailantus tree, on the ground that it is an enemy to the public health. The names of numerous physicians appear on the petition.

THE CITIZENS' SANITARY SOCIETY, of which Col. C. F. Wingate is Secretary, has issued a circular addressed to the parents of school children, calling for information as to preventable diseases that have been traced to the school-room.

THE PATHOLOGICAL SOCIETY OF BROOKLYN held its annual meeting March 9, electing Dr. W. Wallace, President; Dr. E. H. Bartley, Secretary; and Dr. A. Ross Matheson, Treasurer.

CANADA.

(*From our Special Correspondent.*)

ONTARIO VITAL STATISTICS.—The report of the Registrar-General of Ontario for the year 1880 has just been issued. Number of deaths registered, 19,802; births, 42,312. For every 100 females born, there were 108 males. The number of illegitimate births was considerably in excess of those in 1879. The mortality was greatest in the month of March, lowest in June. One-ninth of the deaths were caused by consumption. There was a great increase in the number of deaths from pneumonia; over one-third more died of this disease than in 1879. The disease prevailed most extensively in the spring, during March and April. The mortality from diphtheria was also higher, and the disease was most fatal in the country districts. In the twenty cities and large towns there was 1 death in every 36 from this cause; in the country, 1 in every 22. Measles was very fatal in some districts; 265 deaths were registered under this disease. Small-pox caused 123 deaths. Appended to the report is a review of the returns for the ten years during which registration has been in force in the Province.

VIENNA.

(*From our Special Correspondent.*)

NOTES FROM THE CLINIC OF PROF. BILLROTH.—*Neglected Punctured Wound of Thumb—Phlegmon and Gangrene of Forearm—Amputation of Arm—Abortion in Consequence, and Death through Septicæmia.*—A well-built woman, in good physical condition, in the sixth month of pregnancy, entered Billroth's surgical clinic recently and related the story that she had punctured her right thumb with a fork a few days before, that she had thought nothing more of the matter, but went on with washing and other domestic duties. This morning the thumb appeared red, swollen, and was extremely painful. Upon the terminal phalanx a collection of pus was visible. Prof. Billroth remarked, upon the case, that an inflammation, seated in the subcutaneous cellular tissue, could very easily advance through the sheaths of the tendons, cause an extensive suppuration, which might extend from the hollow of the hand up upon the forearm. So long as the inflammatory process is confined to the thumb and hand, incisions for relief of tension and evacuation of pus are practicable. They are of no use, however, when the inflammation has extended into the deeper parts of the forearm. We possess no safe means to limit the advance of an intensive inflammation. The most perfect position of the extremity is of no avail, for the pus is also springing from it, though a trifle thinner and with less disagreeable smell. Some days later, the patient was brought before the auditorium a second time. The tongue was very dry, a significant sign of commencing sepsis. The hollow of the hand was of a black-gray color, the fingers milk-white, while the inflammatory red extended well up upon the forearm. In the cubital fossa, where incisions had been formerly made, and in the course of the arteria brachialis, much pus was collected.

The patient was chloroformed, and an amputation through the middle of the upper extremity was performed. The stump was dressed, according to the method of Bruns, with clay mixed with vinegar. The tongue continued to remain dry, and in general the condition of the woman was very bad. The granulations were very pale. Upon the third day, after the operation, abortion occurred, and with so little pain, that the patient scarcely perceived it. Prof. Billroth remarked that, in the first month of pregnancy, operations, attended with loss of blood, usually cause abortion; but, in the latter half of pregnancy, such an event is very rare. Prof. Billroth related a case which occurred in Zürich. A pregnant woman was covered with earth by an avalanche, and broke both forearms, one thigh, and one leg. Although copious suppuration followed, no abortion ensued. An abundant, normal callus was produced, and the fractures were all perfectly united. Let this case, at the same time, serve as a contradiction to the statement, in many text-books, that fractures, occurring in pregnant women, must remain ununited, or poorly united, on account of the consumption of lime salts in the construction of the fœtal body.

The further course of the present case was very gloomy. The temperature remained more or less constant at 39° R. Gangrene of the stump occurred. Metastasis was plainly indicated in the left wrist, and upon the ninth day after the operation the patient died with all appearances of septicæmia.

Prof. Billroth gave the opinion that it was a very unfavorable prognostic where abortion occurred as the result of a phlegmon. It indicates, in general, suppuration of the uterine surface of the placenta, and through this pus is received into the maternal blood, and general sepsis follows.

The *autopsy* gave the following results: The spleen was swollen, and the kidneys congested, yet small abscesses and infarcts, characteristic of septicæmia, were lacking. The peritoneum behind the uterus was fragile and softened, the uterus itself, not abnormally large, was collapsed. When the left wrist-joint was opened much synovial fluid, turbid and viscous, as in the first stage of arthritis, flowed out.

TUBERCULOUS ULCER OF THE TONGUE.—This condition occurs only seldom, and then generally in connection with tubercular phthisis. This patient is an exception to the rule, as his lungs are entirely free from any tubercular deposits; upon examination, a granulating ulcer, extending from the base to the point of the tongue, with undermined edges, is found. Such tubercular ulcers appearing primarily in the tongue, can be very easily confused with carcinomatous, and especially syphilitic, ulcers. The diagnosis can be readily made, since a carcinomatous ulcer gives a cartilaginous sensation to the examining finger, and a syphilitic ulcer yields at once to iodide of potassium. Treatment: Instead of the formerly practised cauterization with paquelin, powered iodoform is now employed in the Billroth clinic with astonishing success. Prof. Störk has obtained similiar satisfactory results, by means of iodo-

form, in tubercle of the larynx. In the disease, in both situations, however, it is necessary that the iodoform be brought in direct contact with the ulcer. In the present case, the ulcer will be extensively incised, and the iodoform powder, at intervals, for three days, will be applied by means of a very easily managed duster.

Prolapsus Ani.—In six cases Billroth has recently effected a radical cure by the following method: Three-cornered folds of the rectal mucous membrane were cauterized with a paquelin. The bases of these triangles looked towards the orificium ani. The lower end of the rectum shrank upwards within four days, granulations sprang up and in from two to four weeks the prolapses were perfectly cured.

ALUMNI REPRESENTATION IN THE UNIVERSITY OF PENNSYLVANIA.—The Trustees of the University, in response to the formal request of the Alumni, have authorized the formation of an Alumni Advisory Committee, which shall have the power of visiting the University, attending examinations, and presenting suggestions to the Trustees. The Trustees will annually present to the Alumni Committee a statement of the finances of the University, and will fill every third vacancy in the Board by electing one of four nominees presented by the Alumni Committee.

The Alumni Committee is to consist of 30 members, 6 to be elected annually, and to serve for five years. The nominations for this Committee will be made by the Alumni by ballot, forwarded by mail or otherwise, and for this purpose ballots, containing a large number of names, will be sent to every Alumnus whose address is known. Ballots for the *election* will be prepared containing twice the number of names that there are vacancies to be filled—these names being those that received the highest number of votes. The election will take place on Commencement Day, in June, and ballots must be cast in person. Alumni officially connected with the University in any capacity whatsoever are debarred from serving on, or voting for, members of the Committee. The Provost will be an *ex-officio* member.

The Alumni Committee of 30 will be divided into three classes, 10 representing the Alumni of the Departments of Arts and Sciences; 10 of the Medical and Collateral Departments; and 10 of the Law Department.

It is confidently believed that this grant of power to the Alumni by the Trustees, similar to that possessed by the Alumni in some of the other leading Universities of the country, will tend to foster the interest of the Alumni in the University, and in every way redound to the benefit and advancement of the Corporation.

THE PUBLIC HEALTH.—In addition to the returns of deaths for the week ending March 4, published in our last issue, we have to note the following items: Small-pox caused 17 deaths in Chicago; 5 in Richmond, Va.; 2 in New Orleans, and 1 each in the District of Columbia, Vicksburg, Miss., and Omaha, Neb. There were 3 deaths from cerebro-spinal meningitis in Chicago, and 1 in Wheeling, W. Va., during the week. A slight increase is observed in the mortality from diphtheria both in Chicago and in Brooklyn, 11 deaths being reported in the former, and 14 in the latter city; 4 in Buffalo; 3 each in the District of Columbia, Detroit, and Wheeling, W. Va., and 1 in Vicksburg, Miss. Scarlet fever caused 23 deaths in Brooklyn, against 27 in the preceding week; 6 in Buffalo; 5 each in Chicago and Detroit; 2 in Vicksburg, Miss., and 1 each in Davenport and the District of Columbia. Chicago reports 6 deaths from typhoid fever; Buffalo, 3; Richmond, Va., New Orleans, and the District of Columbia, each 2, and Brooklyn 1 death from this cause. From malarial fever 5 deaths occurred in the District of Columbia; 3 each in Brooklyn, Chicago, and New Orleans, and 1 each in Omaha, Neb., Shreveport, La., and Detroit. Measles is prevalent in Chicago, Brooklyn, and Buffalo. There were 20 deaths from pneumonia in the District of Columbia, against 9 deaths from the same cause in the previous week.

For the *week ending March 11*, we present the following brief notice of some of the principal causes of death in a number of prominent places. There is no abatement of small-pox in Cincinnati, the number of deaths being 31 against 27 in the previous week. There were 11 deaths from this cause in New York; 7 in Philadelphia; 8 in Pittsburg; 5 in Richmond, Va.; 13 in Chicago; 2 in Omaha; and in Wilmington, Del., and Milwaukee, 1 each. It is said to be epidemic in South Bethlehem, Pa., 100 cases having been reported since the 14th instant, and the disease is of a malignant type. 44 new cases were reported in Pittsburg during the week.

Diphtheria is less prevalent in Boston and Philadelphia, 6 deaths being reported in each; 14 in Chicago; 4 in Pittsburg; 2 each in Providence, R. I., Wheeling, W. Va., Cleveland, and Dayton, O., and in Indianapolis; and 1 each in New Haven, Conn., Cincinnati, Louisville, Ky., and Augusta, Ga.

Cerebro-spinal meningitis has made its appearance in Winchester, Mass., a number of cases having been reported there quite recently. There were 5 deaths from this cause in New York; 3 each in Cleveland and Chicago; 2 each in Philadelphia and New Haven; and 1 each in Providence, Wilmington, Del., Wheeling, Pittsburg, Milwaukee, Nashville, and in Louisville. Typhoid fever caused 14 deaths in Philadelphia, an increase of 6 over the number recorded the preceding week. New York reports 5 deaths from this cause; Boston and Chicago, each 4; Wheeling, Cleveland, and Wilmington, Del., each 3; Pittsburg, Indianapolis, and Cincinnati, each 2; and Providence, R. I., New Haven, Ct., Charleston, Louisville, Nashville, and Milwaukee, each 1 death from this disease. Only 2 deaths are reported from typhus fever, and these occurred in New York City.

In New York and Brooklyn, scarlet fever prevails to a considerable extent. The deaths in the former were 79; in Philadelphia, 7; in Chicago, 4; in Pittsburg, 3; in Cleveland and Omaha, each 2; and in Boston and Milwaukee, each 1. There were 31 deaths from measles and 20 from whooping-cough in New York; elsewhere these diseases are not reported as being prevalent. The increased number of deaths from consumption and acute lung diseases, and the few deaths from diarrhœal diseases, usually noticeable at this season of the year, are apparent in the mortuary records for the week.

HEALTH OF MICHIGAN.—The Bulletin of the State Board of Health for the week ending March 4, 1882, indicates that influenza, measles, and rheumatism have increased, and that bronchitis, pneumonia, and whooping-cough have decreased in area of prevalence.

Diphtheria was reported present during the week ending March 4, and since, at 26 places; scarlet fever at 18 places; measles at 5 places; and small-pox at 8 places in all, as follows: At Parkville, St. Joseph Co.; in Kimball and Port Huron townships, St. Clair Co.; at Stanton, Montcalm Co., February, 28; at Detroit and White Cloud, March 4; at Spalding, Menominee Co., 6 cases; and among the Indians near Spalding, 11 cases, March 7, 1882.

UNIVERSITY OF MARYLAND.—A bill to confer authority on the Regents of the University of Maryland to grant degrees of doctor or licentiate of dental surgery, pharmacy, or other cognate branches of medical science, is before the Legislature of Maryland.

M. PAUL BERT, the eminent physiologist, has been succeeded in the portfolio of Minister of Public Instruction and Fine Arts in the French Cabinet by M. Jules Ferry.

NEW SOURCE OF VACCINE VIRUS.—A new source of vaccine virus has recently been discovered in France, according to the *Progrès Médical*. A cow was recently discovered at Eusyres, in the vicinity of Bordeaux, affected with the vaccine disease spontaneously developed. From the virus thus obtained a heifer was inoculated, and sent to Paris. An examination by the members of the Academy took place, at which it was shown that about thirty genuine pustules were located in the vicinity of the teats. The virus taken from these pustules produced other pustules on children and heifers exactly identical with those of normal vaccine. From the vaccine virus thus obtained, M. Chambon, from whose stables the hospitals of Paris are supplied, has renewed his animal vaccine. He now favors the propagation of this, called the Gironde, vaccine in the city. The virus is considered equal to the most renowned, that of Passy, discovered in 1836, and that of Beaugency, obtained in 1866.—*Pittsburgh Med. Journ.*, March, 1882.

BALTIMORE EYE, EAR, AND THROAT CHARITY HOSPITAL.—This is the title of a new hospital which has been recently incorporated in Baltimore for the treatment of diseases of the eye, ear, and throat. The medical staff of the hospital is composed of the following well-known specialists: Eye and Ear Department, Drs. Russell Murdoch, Samuel Theobald, Samuel F. Frank, and I. Bermann; Throat Department, Drs. J. H. Hartman, Samuel Johnston, and John N. Mackenzie. The consulting surgeons are Drs. Christopher Johnston, L. McLane Tiffany, Alan P. Smith, and O. J. Coskery; the consulting physicians, Drs. Ferdinand Chatard, Samuel C. Chew, Riggin Buckler, and G. W. Miltenberger. It is understood that the hospital, which will have an out-door and in-door department, will be located in the western section of the city.—*Maryland Med. Journ.*, March 1, 1882.

REGULATING PROSTITUTION.—The following resolution was adopted at the last meeting of the Baltimore Academy of Medicine: "That the Academy of Medicine protests against the passage by the Legislature of any bill regulating the registration and examination of prostitutes." The Secretary was directed to communicate this action to the Chairman of Health of both houses of the Legislature.—*Maryland Med. Journ.*, March 1, 1882.

THE NEXT INTERNATIONAL MEDICAL CONGRESS.—Prof. Panum has been chosen to preside at the next meeting of the International Medical Congress, which will be held at Copenhagen.

WESTON ASYLUM FOR THE INSANE, WEST VIRGINIA.—A committee of the State Legislature has just been investigating certain specific charges which were made against the management by certain newspapers, and they report that they are in part true, and recommend the removal of two of the Executive Committee of the Board of Directors, and of the First Assistant Superintendent, on account of drunkenness. The charge of inattention on the part of the Superintendent, Dr. Bland, was disproved, and the committee report him to be exceedingly attentive to his duties.

NEW JOURNALS.—Two new journals have been added to the already extensive list of periodicals devoted to specialties: the *Monatshefte für Praktische Dermatologie*, and the *Revue Générale d'Ophthalmologie*. The first number of the former journal was announced to appear March 1; it will be edited by Drs. Hebra in Vienna, Lassar in Berlin, and Unna in Hamburg. The *Revue Générale d'Ophthalmologie* is edited by Prof. Dor in Lyons, and Dr. Meyer in Paris. It is a monthly journal, and proposes to furnish a complele bibliography of all ophthalmological literature, with critical reviews and original articles.

MEDICAL COLLEGE COMMENCEMENTS.—The Annual Commencement of the University of the City of New York was held on March 7, and the degree of M.D. was conferred on 213 candidates.

The Commencement of the One Hundred and Sixteenth Annual Session of the Medical Department of the University of Pennsylvania was held on Wednesday, March 15, and the degree of M.D. was conferred on 117 candidates, by the Provost, and the valedictory address was delivered by Prof. James Tyson. A notable circumstance in connection with the ceremonies, was the previous announcement that it was requested that "no flowers" be sent; a very sensible innovation of Commencement customs, which is deserving of general adoption.

The Annual Commencement of the Buffalo Medical College was held on the 21st of February. Rev. Dr. Darling, President of Hamilton College, delivered the address to the graduating class, and Prof. Austin Flint delivered the address before the alumni. The degree of M.D. was conferred on 65 candidates.

The Medical Department of the University of Louisville held its commencement exercises on February 28. The degree of M.D. was conferred on 94 graduates.

The Commencement of the Louisville Medical College was held on the 20th of February, and the degree was conferred on 54 candidates.

The Commencement of the Hospital College of Medicine (Louisville), was held on February 24, and 33 gentlemen received the degree of M.D.

The Seventh Annual Commencement of the Medical and Dental Departments of the University of Tennessee was held on February 23. The medical degree was conferred on 57, and the dental on 12 candidates.

The Sixty-first Annual Commencement of the Medical College of Ohio was held at Cincinnati, on March 1. Dr. W. W. Seely, Dean of the Faculty, in an address stated that, "the session just ended shows the largest number of matriculates of any in the history of the College (342), and of this number, 103 having fulfilled all the conditions necessary for graduation will receive their degree of Doctor of Medicine." The valedictory address was delivered by Prof. James G. Hyndman.

The Detroit Medical College held its Fourteenth Commencement on March 2, and graduated a class of 11.

The Michigan College of Medicine held its Second Commencement March 1, and graduated a class of 20.

GIFT OF A MEDICAL LIBRARY.—Dr. James P. White's valuable medical library has been donated to the Buffalo Medical College.

ORGANIC REMAINS IN METEORIC STONES.—In the *Popular Science Monthly* for November, 1881, Mr. Francis Birgham gives a very interesting account of the microscopic examination of meteoric stones by Dr. Hahn, a German geologist, which has been confirmed by Dr. Weinland. He has found, he asserts, distinct animal remains in such stones, belonging to the classes of sponges, corals, and crinoids, and allied to our terrestrial forms, but far smaller in size. Three varieties of sponge have been identified, and he believes he has also discovered traces of vegetable life. Among the fifty species so far discovered, there are none of higher animal forms. Curiously enough, too, it seems that all the meteoric species, from several different falls, are so

alike as to lead to the belief that they all come from one and the same body. Mr. Darwin and other English scientists seem to have confirmed his observations after an examination of the specimens.

POISONING BY IODOFORM.—Prof. KÖNIG, of Göttingen, publishes the following circular in the *Centralblatt für Chirurgie* for December 31: In face of the increasing employment of iodoform it is of very great importance that an answer, based upon an extensive reference to cases, should be given to the question, whether, and under what circumstances, this remedy has in an indubitable manner been the cause of death in persons treated by it; and also the further question, whether the observation has been made that during the use of this substance a peculiar form of mental alienation has been produced. It is obviously desirable that short histories of the cases in question should be supplied. Prof. König promises that he will make the most discreet use of any communications that may be forwarded to him in answer to these highly important queries, and will publish the results of his examination of them in the *Centralblatt.*—*Med. Times and Gaz.*, Jan. 21, 1882.

THE PAY-WARDS OF ST. THOMAS'S HOSPITAL.—The experience of the first nine months of the working of the St. Thomas's Home has been satisfactory enough to warrant the governors in continuing the undertaking. The number of patients under care has risen from eleven in March to thirty-five in November, the average daily number for the whole time being twenty-two. The result is a profit of more than £400 on the working expenses. This is, of course, not clear profit, the interest on the preliminary expenses of fitting up the wards not being taken into account. But, as there is no rent to be paid, the surplus is sufficient to pay off the preliminary expenses in a short time if the present number of patients be maintained or increased. The total number of beds at present available is forty-one. The medical superintendent reports that the Home has been of especial value to those who have not homes of their own in which they could be efficiently nursed and cared for during sickness; such as clerks living in lodgings, visitors to London, colonists, and travellers who have been taken ill in England, or who have returned to their country on account of ill health. Eight of the patients have been medical men.—*British Med. Journ.*, Jan. 21, 1882.

HEREDITY IN ARTERIAL ANOMALIES.—So far as we know, but a single instance has ever been recorded of hereditary variations in the vascular system. In the hope that the knowledge of such a possibility may stimulate observation and inquiry into the family history of any observed case, we desire to call attention to this unique case, published by Dr. J. Schneck, in the *Chicago Medical Journal and Examiner* for 1879, p. 475. At three to four cm. above the wrist the radial artery passed over the supinator longus muscle, and ran over the tendons of the radial extensors above the styloid process, to seek its normal distribution. The family consisted of the father, six children, and fifteen grandchildren—twenty-two persons in all. In nineteen out of the forty-four arms the above anomally occurred. Four times both arteries were abnormal, twice the right radial only was abnormal, and nine times the left radial only was abnormal. In only seven of the twenty-two persons were both arteries normal. The mother and the children-in-law had normal arteries, so that it was purely a paternal inheritance; yet the daughters transmitted the anomally better than the sons. The father had both arteries abnormal; every one of the six children had the left artery, and the left only, abnormal; four of the grandchildren had both abnormal, like their grandfather; four had only one abnormal, like one of their parents; two of the six children had no families.

DR. HANS KUNDRAT, Professor of Pathology in the University of Gratz, has been appointed as Dr. Heschl's successor to the Chair of Pathology in the University of Vienna. Dr. Kundrat is well known as having been a pupil of Stricker and Rokitansky, and an assistant of Hyrtl.

HONORS TO AMERICAN PHYSICIANS.—At the meeting of the Verein für innere Medicin of Berlin, held on January 30, 1882, Drs. Flint, Seguin, and Jacobi were unanimously elected corresponding members of the Society for America; and Sir Wm. Gull and Drs. Grainger, Stewart, and Pavy corresponding members for England.

MEMORIAL STATUE OF ALBRECHT VON GRAFE.—Arrangements have been made between the committee for erecting a memorial of the illustrious ophthalmologist, von Gräfe, and the magistrates of Berlin, by which the statue will be presented to the town, while the municipal authorities undertake to preserve it and the ornamental ground on which it stands. It is intended that the ceremony of unveiling the statue shall take place on May 22, the anniversary of the birth of von Gräfe.—*British Med. Journ.*, Feb. 18, 1882.

OBITUARY.

JOSEPH PANCOAST, M.D., Emeritus Professor of Anatomy in the Jefferson Medical College. This venerable and illustrious surgeon died at his home in Philadelphia on the morning of March the 7th, in the seventy-seventh year of his age. The immediate cause of his death was an influenza, accompanied by congestion of both lungs. This occurring in a constitution already enfeebled, and incapable of sustaining prolonged efforts of expectoration, led to the exhaustion and suffocation from which he sank.

Dr. Pancoast was born on the 23d of November, 1805, in Burlington Co., N. J. His early education was obtained at a private school near his father's house; at a later period he was sent to an advanced seminary in the town of Burlington, under the superintendence of the distinguished mathematician, John Gummere. He afterwards studied medicine at the University of Pennsylvania, graduating in 1828, and settled in Philadelphia. He at first opened his office on Fourth Street, near Race Street, and on his marriage removed to the north side of Walnut Street, below Fourth Street. He thence subsequently moved to his late residence on Chestnut Street, near Eleventh Street. He early devoted his attention to the special study of anatomy, and in 1831 he took charge of the well-known anatomical rooms on College Avenue, now Chant Street. Here he successfully taught practical anatomy for seven years. In 1834 he was appointed one of the physicians to the Philadelphia Hospital, in the Blockley Almshouse, and soon after he was made physician-in-chief to the children's hospital in that institution. In 1838 he was chosen as one of the visiting surgeons to the Philadelphia Hospital, and continued to serve in that capacity until 1845. In 1838 he was elected to the chair of surgery in the Jefferson Medical College, succeeding Dr. George McClellan, and this position he held until 1841, when in the reconstructed school he assumed the chair of anatomy. He remained as professor of the latter branch until 1874, when he resigned from the active duties of his chair, with the well-deserved title of emeritus professor conferred upon him by the Board of Trustees of the school. In March, 1854, he was elected

one of the surgeons to the Pennsylvania Hospital, and served as such until February 29, 1864, when he resigned from the hospital.

For very many years of his life Dr. Pancoast enjoyed a large and lucrative practice, and faithfully earned by hard work that enviable reputation to which he was so justly entitled. As a surgeon few have equalled him, none have surpassed him. During the active years of his practice he was a very busy man, but yet he found time from his daily pressing cares to devote considerable attention to literary work. In 1831 he translated from the Latin Lobstein's *Treatise on the Sympathetic Nerve*, and subsequently edited Manec on the *Sympathetic, and on the Cerebro-Spinal System in Man*, Wistar's *Anatomy*, and Quain's *Anatomical Plates*, and in 1844 he published his well-known *Treatise on Operative Surgery*.

During the later years of his life Dr. Pancoast suffered greatly from ill-health, and after his resignation in 1874 of his chair of anatomy in the Jefferson Medical College, he gradually withdrew from the active duties of his profession. In May, 1877, the formal opening of the Jefferson College Hospital was, at the request of the trustees, inaugurated by him in an eloquent address, and this was, we believe, his last official act in the school with which he was connected for more than forty years. At the time of his death Dr. Pancoast was the only survivor of the celebrated faculty of 1841 in the Jefferson Medical College.

In looking back upon the career of Dr. Pancoast, one cannot fail to be strongly impressed with the belief that he was a great surgeon, pre-eminently an operative surgeon. The fame of his skill was national, indeed, almost world-wide. His operations were characterized by boldness of conception and by a consummate brilliancy of execution, based upon a real, thorough anatomical knowledge. This knowledge was in him peculiar, and of a broad type. It was not merely the anatomy, the topography, the pathology, and the surgery of the books, but it was all these combined and made applicable for useful purposes. His information was, as it were, at his finger's ends, always capable of immediate and practical application. It thus happened that although he was a bold operator, and one who did not fear to take what might seem perilous chances, yet in reality he was a most careful operator, self-reliant and confident in his own ability, always sparing the blood and husbanding the resources of his patient. He was one who knew well how, "out of this nettle, danger, to pluck this flower, safety."

Another marked trait of Dr. Pancoast, and one for which we think he did not always receive due credit, was the great care he expended upon the examination of his patient before operation. He would see him over and over again, ply him with questions, examine him, study him minutely, until he had made himself master of the individual and had detected his idiosyncrasies. We suspect, indeed, that much of his operative success, for he was undoubtedly a successful operator, was due to his unwearying assiduity in this respect. As an operator, moreover, he was ingenious and original; he devised a number of new procedures, which have successfully stood the test of time, and which are now recognized and known as his own conceptions.

As a teacher of anatomy, and as a clinical instructor, his influence over his classes was very great. His whole object was to teach anatomy, not the anatomy of the dead, but rather of the living. Anatomy was to him a living, clinical study; medical anatomy, surgical anatomy, anatomy *applied*. The thoughtful student, who faithfully attended his lectures, could not fail to carry forth with him a mass of practical information of incalculable value in his future professional life. Deeply imbued, as Prof. Pancoast was, with the learning of books, the charm of his lectures lay in that unwritten surgery, the outcome of experience, which he instinctively taught. It was this, more than anything else, which gave that value to his anatomical teachings, which only those who have heard him can appreciate. He was in every sense a great surgeon, a great operator, an accomplished teacher, and his death will be mourned not only by the pupils who have sat at his feet, but by the wide brotherhood of surgeons throughout the world.

NOTES AND QUERIES.

THE POTASH THEORY OF URÆMIA.

To the Editor of THE MEDICAL NEWS:

SIR: Reading Dr. Sencindiver's note in the issue of the NEWS of February 18, wherein he says he got uræmic poison and death while administering "chlo." and iodide of potassium to a case of scarlatina, leads me to call attention to an article on "Chlorate of Potassium" by Trousseau. He cites Melsens as declaring chlorate and iodide of potassium a dangerous combination; that dogs upon which the experiment of giving it was tried died in a few days. He further adds that liver and intestinal lesions were found, but says nothing as to whether there were any signs of uræmia or not. His theory is that the chlorate yields sufficient oxygen to convert the iodide into the iodate of potassium, which is poisonous.

Possibly the uræmic theory better explains the cause of death; but, be it as it may, I think it advisable to exercise some caution in administering the above combination.

Very respectfully yours,

C. W. WEBB, M.D.

WELLSBORO, PA., February 20, 1882.

[Our correspondent is, no doubt, correct in his chemical statements, but as the death of the child occurred from uræmia, and not from the direct toxic action of the medicines given, the supposition that the administration of potash salts precipitated the uræmic attack seems in a high degree probable.—ED.]

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MARCH 7, TO MARCH 13, 1882.

ALEXANDER, R. H., *Major and Surgeon.*—Now awaiting orders, to report in person to the Commanding General, Department of the Missouri, for assignment to duty.—*S. O. 52, A. G. O., March 6, 1882.*

BROWN, H. E., *Major and Surgeon.*—Now awaiting orders, to report in person to the Commanding General, Department of the South, for assignment to duty.—*S. O. 52, C. S., A. G. O.*

DICKSON, J. M., *Captain and Assistant Surgeon.*—Now awaiting orders, to report in person to the Commanding General, Department of the East, for assignment to duty.—*S. O. 52, C. S., A. G. O.*

LAUDERDALE, J. V., *Captain and Assistant Surgeon.*—Relieved from duty in the Department of the South, and to report in person to the Commanding General, Department of Dakota, for assignment to duty.—*S. O. 52, C. S., A. G. O.*

FINLEY, J. A., *Captain and Assistant Surgeon.*—At expiration of his present leave of absence, to be relieved from duty in the Department of the East, and to report in person to the Commanding General, Department of Texas, for assignment to duty.—*S. O. 52, C. S., A. G. O.*

GARDNER, EDWIN F., *Captain and Assistant Surgeon.*—To report in person to the President of the Medical Examining Board, in session in New York City, for examination for promotion, and, on its conclusion, to report by letter to the Surgeon-General.—*S. O. 52, C. S., A. G. O.*

ROBINSON, S. Q., *Captain and Assistant Surgeon.*—To report in person to the President of the Medical Examining Board, in session in New York City, for examination for promotion, and, on its conclusion, to report by letter to the Surgeon-General.—*S. O. 52, C. S., A. G. O.*

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